

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

	Sample Day 1	Sample Day 2
<b>BREAKFAST</b>		
<b>LUNCH</b>		
<b>DINNER</b>		
<b>ANY SNACKS?</b>		
<b>ANY DESERTS?</b>		
<b>WATER # OF GLASSES/DAY OR TOTAL OUNCES/DAY?</b>		
<b>ANY SODA / JUICES / SWEET DRINKS?</b>		
<b>ANY ALCOHOL? HOW MUCH &amp; TYPE?</b>		
<b>ANY EXERCISE?</b>		
<b>ANY MILK? TYPE &amp; AMOUNT?</b>		
<b>TEA/COFFEE? CREAM TYPE?</b>		
<b>ANY SUGAR OR SWEETNER?</b>		
<b>ANY PROCESSED FOODS?</b>		
<b>ANY UNUSUAL EATING HABITS?</b>		

**FILL IN AS MUCH DETAIL AS POSSIBLE. SAMPLE FOOD & DRINKS FOR 2 DAYS.**