



# 3-day Food Diary

Meal	Day 1		Day 2		Day 3	
	Approx Time	Details	Approx Time	Details	Approx Time	Details
Breakfast						
Lunch						
Dinner						
Supper						
Snacks/Other						

Please fill this diary in with as much detail as possible. Ensure to include all drinks & snacks outside of normal meal-times. Once completed, bring this with you to your next consultation.

Name:

Telephone No: