

Daily Food Diary

DATE: _____

Name: _____

Meal	Food/s consumed
Breakfast	
Morning snack	
Lunch	
Afternoon snack	
Dinner	
Dessert/Supper	
Additional snacks	
Water & beverages	
Exercise	

~Please complete this diary for 3 days and bring to your initial appointment~

www.hla.au

Copyright Healthy Lifestyles Australia 2024.