****

**WELLNESS CHALLENGE**

**FOOD DIARY FORM**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Day 1** | **Day 2** | **Day 3** | **Notes from your RD (leave blank)** |
| **Breakfast** |  |  |  |  |
| **Lunch** |  |  |  |  |
| **Dinner** |  |  |  |  |
| **Snacks** |  |  |  |  |

How is it going so far? Do you have any questions, suggestions, or comments for your RD to improve your experience?

Briefly, write any food allergies or medical issues related to food you would like your RD to be aware of: