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FOOD DIARY RECORD (7 DAYS)

NAME: _

NAME: ______Please indicate the quantity of food and the method of preparation (i.e. steamed, grilled, fried or baked).

Item	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning							
Mid-Morning							
Mid- Day							
7.51.4.4.9							
Mid Afternoon							
Item	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7

Evening Evening Snacks Water Drinks Bowel Movements No. & Time Energy (1-10) 1= Worst 10= Best Mood (1-10) Additional notes (including exercise)	Early Evening				
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