

Name:

IMPORTANT - Indicate portion size by writing Small (S), Medium (M) or Large (L) after each item. Please record your usual intake of food and drink for 3-4 days prior to your appointment and ensure you bring the completed diet diary to your appointment

| | Breakfast | Snack | Lunch | Snack | Dinner | Snack |
|-----------|-----------|-------|-------|-------|--------|-------|
| Monday | | | | | | |
| Tuesday | | | | | | |
| Wednesday | | | | | | |
| Thursday | | | | | | |
| Friday | | | | | | |
| Saturday | | | | | | |
| Sunday | | | | | | |

