

MEAL	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
<b>Time:</b> <b>MorningMeal</b>							
<b>Snack</b>							
<b>Time:</b> <b>NoonMeal</b>							
<b>Snack</b>							
<b>Time:</b> <b>EveningMeal</b>							
<b>Snack</b>							
<b>Additional Foods &amp; Beverages</b>							
<b>Water (mL/day)</b>							
<b>Fats / Oils used</b>							
<b>Condiments: salt, sugar, mayo, butter, herbs, spices,</b>							
<b>Supplements taken &amp; times</b>							
<b>Type of exercise &amp; Duration</b>							
<b>Relaxation</b>							
<b>Symptoms</b>							

**Diet /Activity Report:**

Please take the time to complete the following survey carefully and accurately. List in detail the **quantity and the exact nature of all foods and beverages** consumed (i.e.. frozen, canned, etc..) Please mention if the foods were raw or cooked.

**Name:**  
**Week Number:**