

Eating Diary

Complete the form below indicating the date, and times of rising, each meal/snack and bedtime then write down what you ate and drank including amounts on that day. Your trainer will complete the last 4 columns.

Client's name:		Date:	CHO grams	FAT grams	PTN grams	ALC grams
Meal / Snack	Food & Drink	Amount				
Rise: _____ Pre-Breakfast Time: _____						
Breakfast Time: _____						
Snack Time: _____						
Lunch Time: _____						
Snack Time: _____						
Dinner Time: _____						
Snack Time: _____ Bed: _____						
Water (glasses) ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○		TOTALS grams				
Supplements:		SUB-TOTALS kJ				
		TOTAL kJ				