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FOOD DIARY

Please write down the food and drink you consume over a 4 day period, indicating where possible whether the food is fresh, unprocessed, or from a can or box:

If you can, try to complete the diary for the previous 5 days, so that you do not try to make changes to your diet that do not therefore reflect your normal eating patterns. Please ensure it is e-mailed to healthrevisited@aol.com at least 48 hours before your appointment.

DAY 1 date: _____
Breakfast: (time: _____)

Lunch: (time: _____)

Dinner: (time: _____)

Snacks and drinks: (time: _____)

DAY 2 date: _____
Breakfast: (time: _____)

Lunch: (time: _____)

Dinner: (time: _____)

Snacks and drinks: (time: _____)

DAY 3 date: _____
Breakfast: (time: _____)



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Lunch: (time: _____)
Dinner: (time: _____)
Snacks and drinks: (time: _____)

DAY 4 date: _____
Breakfast: (time: _____)
Lunch: (time: _____)
Dinner: (time: _____)
Snacks and drinks: (time: _____)

DAY 5 date: _____
Breakfast: (time: _____)
Lunch: (time: _____)
Dinner: (time: _____)



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Snacks and drinks: (time: _____)

DAY 6 **date:** _____

Breakfast: (time: _____)

Lunch: (time: _____)

Dinner: (time: _____)

Snacks and drinks: (time: _____)

DAY 7 **date:** _____

Breakfast: (time: _____)

Lunch: (time: _____)

Dinner: (time: _____)

Snacks and drinks: (time: _____)
