

Getting Started



Diary For: _____

Date: _____

Food Group	Food Name and Amount							
BREAKFAST								
SNACK								
LUNCH								
SNACK								
DINNER								
SNACK								
Water #Glasses	1	2	3	4	5	6	7	8
Tea #Glasses	1	2	3	4	5	6	7	8
Coffee #Cups	1	2	3	4	5	6	7	8
Diet Drinks	1	2	3	4	5	6	7	8
Hot Jell-O	1	2	3	4	5	6	7	8
Hot Broth	1	2	3	4	5	6	7	8