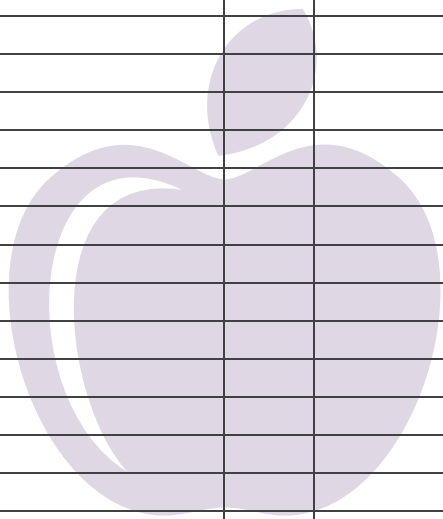


DAILY FOOD DIARY

Energy Goal: Date:

	Time	Food / Drink Item	Qty	Alcohol	Caffeine	Cigarettes	kJ/Cals
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							
Subtotals:							



	Time	Supplement	Qty	Alcohol	Caffeine	Cigarettes	kJ/Cals
Supplements							
Subtotals:							
Totals:							

Energy Intake: _____ - Energy Goal _____ = Surplus or Deficit : _____

Water Consumed (glasses):