

DAILY FOOD DIARY

Energy Goal: _____ **Date:** _____

	Time	Food / Drink Item	Qty	Alcohol	Caffeine	Cigarettes	KJ/Cals
Meal 1							
Meal 2							
Meal 3							
Meal 4							
Meal 5							
Meal 6							
Subtotals:							

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

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

Water Consumed (glasses):