

Food Log (1 week)

Client Name:

	Day 1	Day 2	Day 3
Vitamins & Supplements			
Breakfast			
Time:			
Morning Snack			
Lunch			
Time:			
Afternoon Snack			
Dinner			
Time:			
Evening Snack			
Glasses of Water			
Other Beverages/Snacks			
Sleep	Bedtime:	Bedtime:	Bedtime:
	Wake time:	Wake time:	Wake time:

Food Log (1 week)

Client Name:

	Day 4	Day 5	Day 6	Day 7
Vitamins & Supplements				
Breakfast				
Time:				
Morning Snack				
Lunch				
Time:				
Afternoon Snack				
Dinner				
Time:				
Evening Snack				
Glasses of Water				
Other Beverages/Snacks				
Sleep	Bedtime:	Bedtime:	Bedtime:	Bedtime:
	Wake time:	Wake time:	Wake time:	Wake time: