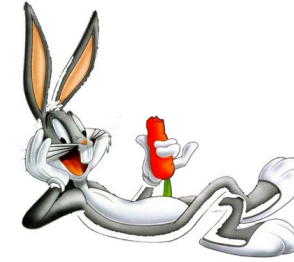


Diet Diary



Patient Name:

Age:

Day	Morning	Lunchtime	Afternoon	Evening



Please write in **everything** that you eat and drink (no matter how small!) and the time