

# Inlet Wellness Gallery

## Food Diary

Please write down everything you eat and drink for a seven day period (exact amounts are not necessary). Do not alter your current diet for this exercise, in order to get the most out of this evaluation. Please list all liquids consumed within the various meal boxes, and water in the comments area along with bowel movements. Please note any foods that cause a reaction in the comments section (headache, bloating, upset stomach, etc.)

**Cindy Fors, RHN**

[illegible]

Day	Breakfast	Lunch	Snack	Dinner	Dessert/snack	Comments
4						
	Time:	Time:	Time:	Time:	Time:	#Water: #BM:
5						
	Time:	Time:	Time:	Time:	Time:	#Water: #BM:
6						
	Time:	Time:	Time:	Time:	Time:	#Water: #BM:
7						
	Time:	Time:	Time:	Time:	Time:	#Water: #BM: