

NAME: [REDACTED]

DATE: [REDACTED]

	Sample Day 1	Sample Day 2
<b>BREAKFAST</b>		
<b>LUNCH</b>		
<b>DINNER</b>		
<b>ANY SNACKS?</b>		
<b>ANY DESERTS / CANDIES?</b>		
<b>WATER # OF OUNCES / DAY?</b>		
<b>SODA/JUICES/SWEET DRINKS?</b>		
<b>ANY ALCOHOL? HOW MUCH?</b>		
<b>ANY EXERCISE?</b>		
<b>ANY MILK? TYPE &amp; AMOUNT?</b>		
<b>CREAM? SWEET CREAMERS?</b>		
<b>ANY SUGAR OR SWEETNER?</b>		
<b>ANY PROCESSED FOODS?</b>		
<b>NUSUAL EATING HABITS?</b>		

**SAMPLE FOOD & DRINKS FOR 2 DAYS. FILL IN AS MUCH DETAILS AS POSSIBLE.**