

Please fill out this form with the foods that you have eaten during this week.

Whenever possible use household measures or portion sizes.

(please see the topic "How much should I eat")

Starting date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Day		Breakfast	Snack	Lunch	Snack	Dinner	Other
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							