



Healing Arts

Community Health Center
of Blanco and Canyon Lake



Daily Diet Questionnaire

Name _____ Date _____

Please provide examples of your typical meals and snacks throughout the day.

Breakfast (include drinks)

Snacks/Drinks

Lunch (include drinks)

Snack/Drinks

Dinner (include drinks)

Snack/Drinks

Alcohol-list average number of drinks consumed per week, if any _____

How many glasses of water do you usually drink per day/source? _____
