



Daily Diet Questionnaire

Name _____ Date _____

Please provide examples of your typical meals and snacks throughout the day. Please include approximate serving sizes.

Breakfast (include drinks)

Snacks/Drinks

Lunch (include drinks)

Snack/Drinks

Dinner (include drinks)

Alcohol-list type and average number of drinks consumed per week, if any_____

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

Please list food intolerances and reactions

Typical number of fruit servings (1/2 cup)_____ **Vegetables (1/2 cup)**_____