

<b>Food Diary</b> Date:		<b>Food Diary</b> Date:	
<b>List ALL foods and beverages and the AMOUNTS you consumed</b>	Comments, symptoms	<b>List ALL foods and beverages, and the AMOUNTS you consumed</b>	Comments, symptoms
<i>Breakfast</i>		<i>Breakfast</i>	
<i>Snack</i>		<i>Snack</i>	
<i>Lunch</i>		<i>Lunch</i>	
<i>Snack</i>		<i>Snack</i>	
<i>Dinner</i>		<i>Dinner</i>	
<i>Snack</i>		<i>Snack</i>	
<b>Exercise Log</b>		<b>Exercise Log</b>	
<b>Daily Servings</b>		<b>Daily Servings</b>	
Starches	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Starches	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fruits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fruits	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Vegetables	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vegetables	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dairy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Dairy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Protein: Meat/Poultry/Fish/Eggs/Beans	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Protein: Meat/Poultry/Fish/Eggs/Beans	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Fats	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Extras/Sweets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Extras/Sweets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>