

DIET ACTIVITY:

Please take the time to fill out the following survey carefully and accurately. List in detail the quantity and nature of all foods and beverages consumed. (i.e. frozen, fresh, canned etc). Please mention if the foods were raw or cooked. Be sure to list all beverages, all fats/oils and any condiments used (i.e. mayonnaise, mustard, relish etc).

Activity	DAY 1 Date:
Breakfast Time: _____	
Lunch Time: _____	
Dinner Time: _____	
Snacks Time: _____ Time: _____ Time: _____	<hr/> <hr/>
Beverages	
Fats/oils	
Exercise (type/duration)	
Relaxation (type/duration)	

<i>Activity</i>	DAY 2 Date:
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____ Time: _____ Time: _____	
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Exercise</i> (type/duration)	
<i>Relaxation</i> (type/duration)	

<i>Activity</i>	DAY 3 Date:
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____ Time: _____ Time: _____	_____ _____
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	

<i>Activity</i>	DAY 4 Date:
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____ Time: _____ Time: _____	_____ _____
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	

<i>Activity</i>	DAY 5 Date:
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____ Time: _____ Time: _____	_____ _____
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	

<i>Activity</i>	DAY 6 Date:
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____ Time: _____ Time: _____	_____ _____
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	

<i>Activity</i>	DAY 7 Date:
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____ Time: _____ Time: _____	_____ _____
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	