

Weekly Diet Diary

Please fill out to the best of your ability.
Anything you eat or drink should be on this list.

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the village clinic

Name:

Starting Date:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	Side Notes on Routines
Breakfast								
Lunch								
Dinner								
Symptoms or Comments								

Include: What was eaten, condiments, drinks (teas, etc.) snacks, etc.