

**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).

<b>Activity</b>	<b>DAY 1    Date:</b>
<b>Breakfast</b>  Time: _____	
<b>Lunch</b>  Time: _____	
<b>Dinner</b>  Time: _____	
<b>Snacks</b> Time: _____  Time: _____  Time: _____	
<b>Water(cups)</b>	
<b>Beverages</b>	
<b>Fats/oils</b>	
<b>Condiments (spices/sugar)</b>	
<b>Exercise (type/duration)</b>	
<b>Relaxation (type/duration)</b>	

<i>Activity</i>	<b>DAY 2</b> <b>Date:</b>
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____  Time: _____  Time: _____	<hr/> <hr/>
<i>Water(cups)</i>	
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Condiments</i> <i>(spices/sugar)</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	

<i>Activity</i>	<b>DAY 3</b> <b>Date:</b>
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____  Time: _____  Time: _____	<hr/> <hr/>
<i>Water(cups)</i>	
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Condiments</i> <i>(spices/sugar)</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	

<b>Activity</b>	<b>DAY 4 Date:</b>
<b>Breakfast</b> Time: _____	
<b>Lunch</b> Time: _____	
<b>Dinner</b> Time: _____	
<b>Snacks</b> Time: _____ Time: _____ Time: _____	_____ _____
<b>Water(cups)</b>	
<b>Beverages</b>	
<b>Fats/oils</b>	
<b>Condiments (spices/sugar)</b>	
<b>Exercise (type/duration)</b>	
<b>Relaxation (type/duration)</b>	

<i>Activity</i>	<b>DAY 5</b> <b>Date:</b>
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____  Time: _____  Time: _____	<hr/> <hr/>
<i>Water(cups)</i>	
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Condiments</i> <i>(spices/sugar)</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	

<b>Activity</b>	<b>DAY 6    Date:</b>
<b>Breakfast</b> Time: _____	
<b>Lunch</b> Time: _____	
<b>Dinner</b> Time: _____	
<b>Snacks</b> Time: _____ Time: _____ Time: _____	_____ _____
<b>Water(cups)</b>	
<b>Beverages</b>	
<b>Fats/oils</b>	
<b>Condiments (spices/sugar)</b>	
<b>Exercise (type/duration)</b>	
<b>Relaxation (type/duration)</b>	

<i>Activity</i>	<b>DAY 7</b> <b>Date:</b>
<i>Breakfast</i> Time: _____	
<i>Lunch</i> Time: _____	
<i>Dinner</i> Time: _____	
<i>Snacks</i> Time: _____  Time: _____  Time: _____	<hr/> <hr/>
<i>Water(cups)</i>	
<i>Beverages</i>	
<i>Fats/oils</i>	
<i>Condiments</i> <i>(spices/sugar)</i>	
<i>Exercise</i> <i>(type/duration)</i>	
<i>Relaxation</i> <i>(type/duration)</i>	