

***“ Let Your Food Be Your Medicine and Your Medicine Be Your Food”***  
***Hippocrates***

**Daily Nutrition Diary**

*Describe three (3) full days of meals, including snacks, beverages and supplements. Indicate the time of day for each. Please include how you are feeling, be specific and complete.*

<b>TIME</b>	<b>DATE</b>
	<i>Breakfast:</i>
	<i>Lunch:</i>
	<i>Dinner:</i>
	<i>Snacks:</i>
	<i>Comments/Feelings:</i>

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