WEEKLY DIET DIARY

| NAME: | START DATE: | | | | |
|---|---|--|--|--|--|
| Please list the foods eaten at each meal and approx | imate amounts where you can (i.e.: Pop x 2 cans). | | | | |

| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 |
|-------------------------|-------|-------|-------|-------|-------|-------|
| Breakfast | | | | | | |
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| Lunch | | | | | | |
| Lunch | | | | | | |
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| Dinner | | | | | | |
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| Snacks | | | | | | |
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| IAZ /D | | | | | | |
| Water/Beverages | | | | | | |
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| Comments/Symptoms | | | | | | |
| (How I felt | | | | | | |
| Physically/Emotionally) | | | | | | |
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| | | | | | | |
| | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 | Day 6 |

Acacia Health, 101-391 Tyee Road, Victoria BC. (250) 475 1522.

WEEKLY DIET DIARY

| NAIVIE: | | | | SIAI | CI DAIE: | | | |
|--|---|-----|--|------|----------|---|--|--|
| Please list the foods eaten at each meal and approximate amounts where you can (i.e.: Pop x 2 cans). | | | | | | | | |
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| Breakfast | | | | | | | | |
| Dicamast | | | | | | | | |
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| Lunch | | | | | | | | |
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| Dinner | | | | | | | | |
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| Snacks | | | | | | | | |
| SHACKS | | | | | | | | |
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| Water/Beverages | | | | | | | | |
| Water/ Beverages | | | | | | | | |
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| Comments/Symptoms | | | | | | | | |
| /II ICL | | | | | | | | |
| (How I felt | | | | | | | | |
| Physically/Emotionally) | | | | | | | | |
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