

Galter LifeCenter Daily Food Diary

Date: _____

Time you woke up: _____ a.m. Time you went to sleep: _____ p.m.

| Meal / Food (list) | Amount eaten | Preparation method | Time | Place/feeling before/after eating | Goals |
|--------------------|--------------|--------------------|------|-----------------------------------|-------|
| Breakfast: | | | | | 1. |
| Beverage: | | | | | |
| Snack: | | | | | |
| Beverage: | | | | | |
| Lunch: | | | | | 2. |
| Beverage: | | | | | |
| Snack: | | | | | |
| Beverage: | | | | | |
| Dinner: | | | | | 3. |
| Beverage: | | | | | |
| Snack: | | | | | |
| Beverage: | | | | | |

Vitamin supplements (type/quantity/time taken): _____

Total water intake (cups): _____

Physical activity (type/duration): _____

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