



# Slimming EATS

Date: \_\_\_\_\_

## FOOD DIARY

MEAL	VALUES	EXTRAS
<i>Breakfast:</i>		<i>Exercise:</i>
<i>Lunch:</i>		<i>Water Intake:</i>  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<i>Dinner:</i>		<i>5 a day (Fruit/Vegetables):</i>  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<i>Snacks:</i>		<i>Today's Mood:</i> 