

Name: _____ Date: _____

	DAY ONE	DAY TWO	DAY THREE
BREAKFAST			
SNACK			
LUNCH			
SNACK			
DINNER			

Please list what you have eaten the last three days. If you cannot remember specifics, please list what 3 typical days of eating are.

Name: _____ Date: _____

Please list how many days per week you are eating **OUT (1-7) beside each meal time, give me some examples of your most frequented spots.**

Breakfast: _____ Days per week.

Where: _____

Lunch: _____ Days per week.

Where: _____

Dinner: _____ Days per week.

Where: _____

What time do you wake up in the morning? _____

What time do you leave your house for work/school/errands? _____

What is your favorite food? _____

What is your favorite restaurant? _____

Do you wake up hungry? _____

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