

# 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:					2.
Beverage:					
Lunch:					3.
Beverage:					
Snack:					
Beverage:					
Dinner:					
Beverage:					
Snack:					
Beverage:					

Vitamin supplements (type/quantity/time taken): \_\_\_\_\_

Total water intake (cups): \_\_\_\_\_

Physical activity (type/duration): \_\_\_\_\_

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\_\_\_\_\_