



Food, Fiber, and Fluid Diary

Name: _____ Start Date: _____

Instructions: When you eat or drink, please fill in the time (including A.M. or P.M.) and foods consumed in the appropriate day and category space, and fill in totals at the end.

Time of Day	Food and Serving Sizes	Fiber Grams	Type of Beverage	Ounces
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
AM PM				
	Total Grams of Fiber:		Total ounces of non-caffeinated fluid:	

Notes:
