



711 Court Street Portsmouth, VA 23704
(PHONE) 866.601.4443 (FACSIMILE) 866.596.6056
www.myharbourhealthcare.com

7-Day Diet Diary for

- **B=Breakfast L=Lunch D=Dinner O=Other/snack/light meal**
- Food(s), portion should include how food was prepared (fried, baked, steamed, etc.)
- Total water (H_2O) intake for the day: _____
- Total other fluid intake for the day and type (soda, tea, etc.): _____

Date: _____/_____/_____



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