

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 (H₂O) intake for the day: _____**
- **Total other fluid intake for the day and type (soda, tea, etc.): _____**

Date: ____/____/____

[illegible]

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