



My weekly food diary

NJS Dental



My name: _____

Week beginning: _____

Day	Breakfast	Snack	Dinner (lunch)	Snack	Evening meal	Snack
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						



Write down all food AND drinks, including water.



Add the time and amount. Include sauces, sweets and little sips.



Keep your usual routine — this diary helps us spot patterns together.



Bring your diary to your dental appointment.

