Ihe	Na	me:			Preferred Contact:								
hildren's Hospital at Montefiore	Daily Food Diary Mon Tue Wed Thurs Fri Sat Sun Date:												
Circle one:	Mon	Tue	Wed	Thurs	Fri	Sat	Sun		Date			_	
Time 7:04 AM						Beverage eeríos				Portion 1 medium bowl			
										1 1100			
Mark the numbe of sugar-free dr				s									
Portion Estimation Hand-y tips to help you guess how much you are eating or your portion					Check yourself! Did you eat? Please check all that apply A meal or a snack every 3-4 hours								
1 fist or 2 handfuls 1 ha		1 palm 3 oz.	2 thumb ti 1 Tbsp	ps		5-9 fist	sized p	oortions	s of fru	lits and	vegeta	ables	

Send your completed diary to your Dietitians! Fax: (718) 405-5609 Email: mbrownst@montefiore.org AND lshack@montefiore.org **Please don't forget to include your name and preferred contact info on the top of <u>all</u> pages**