# Harbour Healthcare, Inc.

**719 High Street, Suite 118**
**Portsmouth, VA 23704**
(PHONE) 866.601.4443 (FACSIMILE) 866.596.6056
www.myharbourhealthcare.com


## 7-Day Diet Diary

**Name:** _____

- **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 ($H_20$) intake for the day:** _____
- **Total other fluid intake for the day and type (soda, tea, etc.):** _____

**Date:** _____/_____/_____

| Approx Time | Meal | Food(s), portion | Notes |
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