

Dr. Roller's Wellness Teen Diet Report:

Please take time to complete the following survey carefully and accurately. List in detail the **quantity and the exact nature of all foods and beverages** consumed (i.e. frozen, canned, etc.). Please mention if the foods were raw or cooked. Be sure to list any processed, junk or fast food eaten.

Name: _____

Date: _____

MEAL	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
Morning Meal							
Snack							
Noon Meal							
Snack							
Evening Meal							
Snack							
Junk Food / Desserts							
Water (8 oz glasses)							
Other Beverages (i.e. Juice, Sports Drinks, Soft Drinks, etc.)							
Brand Name of Supplements							