# What Foods are you Currently Eating?

Today is . . . . . . . . . . . . . . . . . . . . . . .

Morning Afternoon Evening Snacks/Special

Tomorrow is . . . . . . . . . . . . . . . . . . . . . . .

Morning Afternoon Evening Snacks/Special

The next day is . . . . . . . . . . . . . . . . . . . . . . .

Morning Afternoon Evening Snacks/Special

The next day is . . . . . . . . . . . . . . . . . . . . . . .

Morning Afternoon Evening Snacks/Special

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Morning Afternoon Evening Snacks/Special

The next day is . . . . . . . . . . . . . . . . . . . . . . .

Morning Afternoon Evening Snacks/Special

The next day is . . . . . . . . . . . . . . . . . . . . . . .

Morning Afternoon Evening Snacks/Special

How much variety is there in your diet?

How much of your diet was meat, or animal based?

What foods are largely carbohydrate?

What sorts of fats are you eating?

How many different vegetables are there?

What sort of fruits are included?

We would love to talk about your results?

Open Future Health Ltd.