



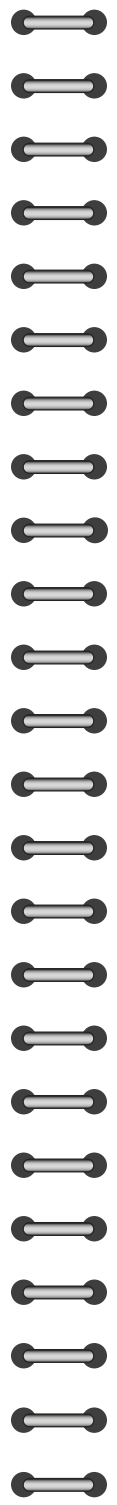
Food Diary



Date: _____

If your healthcare provider has urged you to lower your BMI, consider adding notes about portion sizes and nutritional value of the foods you log.

| Meal | Food / Beverage | Qty. | Notes |
|-----------|-----------------|------|-------|
| Breakfast | | | |
| | | | |
| | | | |
| Snack | | | |
| Lunch | | | |
| | | | |
| | | | |
| Snack | | | |
| Dinner | | | |
| | | | |
| | | | |
| Snack | | | |



Food Diary



Date: _____

Also, consider keeping notes about any foods or beverages that you think may be linked to your AFib.

| Meal | Food / Beverage | Qty. | Notes |
|-----------|-----------------|------|-------|
| Breakfast | | | |
| | | | |
| | | | |
| Snack | | | |
| Lunch | | | |
| | | | |
| | | | |
| Snack | | | |
| Dinner | | | |
| | | | |
| | | | |
| Snack | | | |



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