

**Austin Integrative Medicine, P.A.**  
3500 Oakmont Blvd, Suite 103  
Austin, TX 78731

## AIM Daily Diet Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Please provide examples of your typical meals and snacks throughout the day.

**Breakfast (include drinks)**

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**Snacks/Drinks**

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**Lunch (include drinks)**

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**Snack/Drinks**

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**Dinner (include drinks)**

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**Snack/Drinks**

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**Alcohol-list average number of drinks consumed per week, if any** \_\_\_\_\_

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**How many glasses of water do you usually drink per day/source?** \_\_\_\_\_

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