Daily Record of Food Intake | Your diet may be the key to better health.

Each day, record all the items you eat and drink. Be sure to include the approximate amount of each item. When you have completed this form, return it to your health care professional for evaluation.



Name:		
Day 1—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack		
Bowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor
Day 2—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks		
MIDMORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor
Day 3—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:	vov.	
Vegetables and fruits.		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowe! movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poo
Notes:		

Day 4—Date: BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:		
/egetables and fruits:		
Breads, cereals, and grains:		
ats (butter, margarine, oil, etc.):		
andy, sweets, and junk food:		
Vater intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor
Day 5—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:		
/egetables and fruits;		
Breads, cereals, and grains:		
fats (butter, margarine, oil, etc.):		
andy, sweets, and junk food:		
Vater intake (fl. oz.):		
Other drinks:		
AIDMORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
inack:		
lowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 6—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
4eat and dairy:		
egetables and fruits:		
reads, cereals, and grains:		
ats (butter, margarine, oil, etc.):		
andy, sweets, and junk food:		
Vater intake (fl. oz.):	100	
Other drinks:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
nack:		encorrected to the control of the co
iowel movements (manber and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 7—Date:		
REAKFAST Time:	LUNCH Time:	DINNER Time:
leat and dairy:		
egetables and fruits:		
reads, cereals, and grains:		
ats (butter, margarine, oil, etc.):		
andy, sweets, and junk food:		
/ater intake (fl. oz.):		
ther drinks:		
IDMORNING SNACK Time	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
IIDMORNING SNACK Time: nack:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time: