

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

Each day, record all the items you eat and drink. Include the approximate amount of each item. When you have completed this form, return to Dr. Higney for evaluation.



Name: _____

Day 1 – Date:

BREAKFAST Time: _____	LUNCH Time: _____	DINNER Time: _____
Meat/Dairy: _____	_____	_____
Vegetables/fruit: _____	_____	_____
Breads, cereals, grains: _____	_____	_____
Fats (butter, oil, etc.): _____	_____	_____
Candy, sweets, junk food: _____	_____	_____
Water intake (fl. Oz.): _____	_____	_____
Other drinks: _____	_____	_____
MIDMORNING SNACK Time: _____	MIDDAY SNACK Time: _____	NIGHTTIME SNACK Time: _____
Snack: _____	_____	_____
Bowel movements: _____	Hours of sleep: _____	Sleep Quality: (good) 1 2 3 4 5 (poor)

Day 2 – Date:

BREAKFAST Time: _____	LUNCH Time: _____	DINNER Time: _____
Meat/Dairy: _____	_____	_____
Vegetables/fruit: _____	_____	_____
Breads, cereals, grains: _____	_____	_____
Fats (butter, oil, etc.): _____	_____	_____
Candy, sweets, junk food: _____	_____	_____
Water intake (fl. Oz.): _____	_____	_____
Other drinks: _____	_____	_____
MIDMORNING SNACK Time: _____	MIDDAY SNACK Time: _____	NIGHTTIME SNACK Time: _____
Snack: _____	_____	_____
Bowel movements: _____	Hours of sleep: _____	Sleep Quality: (good) 1 2 3 4 5 (poor)

Day 3 – Date:

BREAKFAST Time: _____	LUNCH Time: _____	DINNER Time: _____
Meat/Dairy: _____	_____	_____
Vegetables/fruit: _____	_____	_____
Breads, cereals, grains: _____	_____	_____
Fats (butter, oil, etc.): _____	_____	_____
Candy, sweets, junk food: _____	_____	_____
Water intake (fl. Oz.): _____	_____	_____
Other drinks: _____	_____	_____
MIDMORNING SNACK Time: _____	MIDDAY SNACK Time: _____	NIGHTTIME SNACK Time: _____
Snack: _____	_____	_____
Bowel movements: _____	Hours of sleep: _____	Sleep Quality: (good) 1 2 3 4 5 (poor)

Notes: _____

Day 4 – Date:

BREAKFAST Time: _____

Meat/Dairy: _____

Vegetables/fruit: _____

Breads, cereals, grains: _____

Fats (butter, oil, etc.): _____

Candy, sweets, junk food: _____

Water intake (fl. Oz.): _____

Other drinks: _____

MIDMORNING SNACK Time: _____

Snack: _____

Bowel movements: _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Sleep Quality: (good) 1 2 3 4 5 (poor)

Day 5 – Date:

BREAKFAST Time: _____

Meat/Dairy: _____

Vegetables/fruit: _____

Breads, cereals, grains: _____

Fats (butter, oil, etc.): _____

Candy, sweets, junk food: _____

Water intake (fl. Oz.): _____

Other drinks: _____

MIDMORNING SNACK Time: _____

Snack: _____

Bowel movements: _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Sleep Quality: (good) 1 2 3 4 5 (poor)

Day 6 – Date:

BREAKFAST Time: _____

Meat/Dairy: _____

Vegetables/fruit: _____

Breads, cereals, grains: _____

Fats (butter, oil, etc.): _____

Candy, sweets, junk food: _____

Water intake (fl. Oz.): _____

Other drinks: _____

MIDMORNING SNACK Time: _____

Snack: _____

Bowel movements: _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Sleep Quality: (good) 1 2 3 4 5 (poor)

Day 7 – Date:

BREAKFAST Time: _____

Meat/Dairy: _____

Vegetables/fruit: _____

Breads, cereals, grains: _____

Fats (butter, oil, etc.): _____

Candy, sweets, junk food: _____

Water intake (fl. Oz.): _____

Other drinks: _____

MIDMORNING SNACK Time: _____

Snack: _____

Bowel movements: _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Sleep Quality: (good) 1 2 3 4 5 (poor)