## 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.



Day 1 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:		
Vegetables & Fruits:		
Breads, Cereals, & Grains:	e e	
Fats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):	<u> </u>	
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poo
Day 2 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:		
/egetables & Fruits:		
Breads, Cereals, & Grains:		
ats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Vater Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
inack:		
<b>Bowel Movements</b> (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor
Day 3 - Date:		
REAKFAST Time:	LUNCH Time:	DINNER Time:
fleat & Dairy:		
egetables & Fruits:		
reads, Cereals, & Grains:		
ats (butter, margarine, oils, etc.):		,
andy, Sweets, & Junk Food:		
/ater Intake (fl. oz.):	-	
ther Drinks:		
IID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
nack:		
Powel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)

ay 4 - Date:	LUNCH Time:	DINNER Time:
REAKFAST Time:		
at & Dairy:		
getables & Fruits:		
eads, Cereals, & Grains:		
s (butter, margarine, oils, etc.):		
ndy, Sweets, & Junk Food:		
ater Intake (fl. oz.):		
ner Drinks:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
D-MORNING SNACK Time:	MID-DAY SNACK Time:	•••
ack:		Quality of Sleep: (good) 1 2 3 4 5 (poor)
wel Movements (# and consistency):	Hours of Sleep:	
ay 5 - Date:		DIMMED TO
REAKFAST Time:	LUNCH Time:	DINNER Time:
eat & Dairy:		
getables & Fruits:		
eads, Cereals, & Grains:		
its (butter, margarine, oils, etc.):		
andy, Sweets, & Junk Food:		
later Intake (fl. oz.):		
ther Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
nack:		
Towel Movements (# and consistency):	Hours of Sleep:	. Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 6 - Date:		<b>DINNER</b> Time:
BREAKFAST Time:	LUNCH Time:	
Neat & Dairy:	5'	
egetables & Fruits:		
Breads, Cereals, & Grains:		
ats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Nater Intake (fl. oz.):		
Other Drinks:		NICHTTIME CHACK TO
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		Quality of Sleep: (good) 1 2 3 4 5 (poor)
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 7 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:		
Vegetables & Fruits:		
Breads, Cereals, & Grains:		
Fats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)