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:		
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
Notes:		

Day 4—Date: BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:	EONCH TIME.	DINNER 11me:
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 CNACK TO	
Snack:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
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:	DIAMED
Meat and dairy:	LONGI TIME:	DINNER Time:
Vegetables and fruits:		
Breads, cereals, and grains:		
ats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Vater intake (fl. oz.): Other drinks:		
MIDMORNING SNACK Time: Snack:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Bowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
		Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 6—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:		
AIDMORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Rowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 7—Date:		
REAKFAST Time:	LUNCH Time:	DIMMED TO
fleat and dairy:	LOTTE I LITTE.	DINNER Time:
egetables and fruits:		
reads, cereals, and grains:		
ats (butter, margarine, oil, etc.):		
andy, sweets, and junk food:		
J. T. TOO GO GO JOHN TOO GO		
later intake (fl. oz.):		
ther drinks:	AIDDAYCNAG	
Vater intake (fl. oz.): Other drinks: OIDMORNING SNACK Time: nack:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time: