



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

Each day, records 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: _____
<u>Meat and Dairy:</u> _____	_____	_____
<u>Vegetables and Fruits:</u> _____	_____	_____
<u>Breads, Cereals and Grains:</u> _____	_____	_____
<u>Fats (butter, margarine, oils, etc):</u> _____	_____	_____
<u>Candy, Sweets and Junk Food:</u> _____	_____	_____
<u>Water Intake (fl. Oz.):</u> _____	_____	_____
<u>Other Drinks:</u> _____	_____	_____
MID MORNING SNACK TIME: _____	MID BAY SNACK Time: _____	NIGHTTIME SNACK Time: _____
<u>Snack:</u> _____	_____	_____

Bowel Movements (and consistency): _____ **Hours of Sleep:** ____ **Quality of Sleep:** (good) 1 2 3 4 5 (poor)

Day 2 – Date: _____

BREAKFAST TIME: _____	LUNCH Time: _____	DINNER Time: _____
<u>Meat and Dairy:</u> _____	_____	_____
<u>Vegetables and Fruits:</u> _____	_____	_____
<u>Breads, Cereals and Grains:</u> _____	_____	_____
<u>Fats (butter, margarine, oils, etc):</u> _____	_____	_____
<u>Candy, Sweets and Junk Food:</u> _____	_____	_____
<u>Water Intake (fl. Oz.):</u> _____	_____	_____
<u>Other Drinks:</u> _____	_____	_____
MID MORNING SNACK TIME: _____	MID BAY SNACK Time: _____	NIGHTTIME SNACK Time: _____
<u>Snack:</u> _____	_____	_____



Day 3 – Date: _____

BREAKFAST TIME: _____ **LUNCH Time:** _____ **DINNER Time:** _____

Meat and Dairy: _____

Vegetables and Fruits: _____

Breads, Cereals and Grains: _____

Fats (butter, margarine, oils, etc): _____

Candy, Sweets and Junk Food: _____

Water Intake (fl. Oz.) _____

Other Drinks: _____

MID MORNING SNACK TIME: _____ **MID BAY SNACK Time:** _____ **NIGHTTIME SNACK Time:** _____

Snack: _____

Day 4 – Date: _____

BREAKFAST TIME: _____ **LUNCH Time:** _____ **DINNER Time:** _____

Meat and Dairy: _____

Vegetables and Fruits: _____

Breads, Cereals and Grains: _____

Fats (butter, margarine, oils, etc): _____

Candy, Sweets and Junk Food: _____

Water Intake (fl. Oz.) _____

Other Drinks: _____

MID MORNING SNACK TIME: _____ **MID BAY SNACK Time:** _____ **NIGHTTIME SNACK Time:** _____

Snack: _____

NOTE: _____



Day 5 – Date: _____

BREAKFAST TIME: _____ **LUNCH Time:** _____ **DINNER Time:** _____

Meat and Dairy: _____

Vegetables and Fruits: _____

Breads, Cereals and Grains: _____

Fats (butter, margarine, oils, etc): _____

Candy, Sweets and Junk Food: _____

Water Intake (fl. Oz.) _____

Other Drinks: _____

MID MORNING SNACK TIME: _____ **MID BAY SNACK Time:** _____ **NIGHTTIME SNACK Time:** _____

Snack: _____

Day 6 – Date: _____

BREAKFAST TIME: _____ **LUNCH Time:** _____ **DINNER Time:** _____

Meat and Dairy: _____

Vegetables and Fruits: _____

Breads, Cereals and Grains: _____

Fats (butter, margarine, oils, etc): _____

Candy, Sweets and Junk Food: _____

Water Intake (fl. Oz.) _____

Other Drinks: _____

MID MORNING SNACK TIME: _____ **MID BAY SNACK Time:** _____ **NIGHTTIME SNACK Time:** _____

Snack: _____

NOTE: _____



Day 7 – Date:

BREAKFAST TIME: _____ **LUNCH Time:** _____ **DINNER Time:** _____

Meat and Dairy: _____

Vegetables and Fruits: _____

Breads, Cereals and Grains: _____

Fats (butter, margarine, oils, etc): _____

Candy, Sweets and Junk Food: _____

Water Intake (fl. Oz.) _____

Other Drinks: _____

MID MORNING SNACK TIME: _____ **MID BAY SNACK Time:** _____ **NIGHTTIME SNACK Time:** _____

Snack: _____

NOTE: _____

_____ X _____ X _____