

# 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: \_\_\_\_\_

<b>BREAKFAST</b> Time: _____	<b>LUNCH</b> Time: _____	<b>DINNER</b> Time: _____
Meat & Dairy: _____	_____	_____
Vegetables & Fruits: _____	_____	_____
Breads, Cereals, & Grains: _____	_____	_____
Fats (butter, margarine, oils, etc.): _____	_____	_____
Candy, Sweets, & Junk Food: _____	_____	_____
Water Intake (fl. oz.): _____	_____	_____
Other Drinks: _____	_____	_____
<b>MID-MORNING SNACK</b> Time: _____	<b>MID-DAY SNACK</b> Time: _____	<b>NIGHTTIME SNACK</b> Time: _____
Snack: _____	_____	_____
<b>Bowel Movements</b> (# and consistency): _____	<b>Hours of Sleep:</b> _____	<b>Quality of Sleep:</b> (good) 1 2 3 4 5 (poor)
_____	_____	_____

## Day 2 - Date: \_\_\_\_\_

<b>BREAKFAST</b> Time: _____	<b>LUNCH</b> Time: _____	<b>DINNER</b> Time: _____
Meat & Dairy: _____	_____	_____
Vegetables & Fruits: _____	_____	_____
Breads, Cereals, & Grains: _____	_____	_____
Fats (butter, margarine, oils, etc.): _____	_____	_____
Candy, Sweets, & Junk Food: _____	_____	_____
Water Intake (fl. oz.): _____	_____	_____
Other Drinks: _____	_____	_____
<b>MID-MORNING SNACK</b> Time: _____	<b>MID-DAY SNACK</b> Time: _____	<b>NIGHTTIME SNACK</b> Time: _____
Snack: _____	_____	_____
<b>Bowel Movements</b> (# and consistency): _____	<b>Hours of Sleep:</b> _____	<b>Quality of Sleep:</b> (good) 1 2 3 4 5 (poor)
_____	_____	_____

## Day 3 - Date: \_\_\_\_\_

<b>BREAKFAST</b> Time: _____	<b>LUNCH</b> Time: _____	<b>DINNER</b> Time: _____
Meat & Dairy: _____	_____	_____
Vegetables & Fruits: _____	_____	_____
Breads, Cereals, & Grains: _____	_____	_____
Fats (butter, margarine, oils, etc.): _____	_____	_____
Candy, Sweets, & Junk Food: _____	_____	_____
Water Intake (fl. oz.): _____	_____	_____
Other Drinks: _____	_____	_____
<b>MID-MORNING SNACK</b> Time: _____	<b>MID-DAY SNACK</b> Time: _____	<b>NIGHTTIME SNACK</b> Time: _____
Snack: _____	_____	_____
<b>Bowel Movements</b> (# and consistency): _____	<b>Hours of Sleep:</b> _____	<b>Quality of Sleep:</b> (good) 1 2 3 4 5 (poor)
_____	_____	_____

Notes: \_\_\_\_\_  
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