

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. Please record for 3 to 4 typical days.

Day 1 – Date:

BREAKFAST 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:

Snack: _____
 Bowel Movements (# and consistency): _____

LUNCH Time:

MID-DAY SNACK: Time

Snack: _____
 Hours of Sleep: _____

DINNER Time:

NIGHTTIME SNACK: Time

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

Day 2 – Date:

BREAKFAST 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:

Snack: _____
 Bowel Movements (# and consistency): _____

LUNCH Time:

MID-DAY SNACK: Time

Snack: _____
 Hours of Sleep: _____

DINNER Time:

NIGHTTIME SNACK: Time

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

Day 3 – Date:

BREAKFAST 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:

Snack: _____
 Bowel Movements (# and consistency): _____

LUNCH Time:

MID-DAY SNACK: Time

Snack: _____
 Hours of Sleep: _____

DINNER Time:

NIGHTTIME SNACK: Time

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

Notes:

Day 4 – Date:

BREAKFAST 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:

Snack:
 Bowel Movements (# and consistency):

LUNCH Time:

MID-DAY SNACK: Time

Snack:
 Hours of Sleep:

DINNER Time:

NIGHTTIME SNACK: Time

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

Day 5 – Date:

BREAKFAST 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:

Snack:
 Bowel Movements (# and consistency):

LUNCH Time:

MID-DAY SNACK: Time

Snack:
 Hours of Sleep:

DINNER Time:

NIGHTTIME SNACK: Time

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

Day 6 – Date:

BREAKFAST 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:

Snack:
 Bowel Movements (# and consistency):

LUNCH Time:

MID-DAY SNACK: Time

Snack:
 Hours of Sleep:

DINNER Time:

NIGHTTIME SNACK: Time

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

Day 7 – Date:

BREAKFAST 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:

Snack:
 Bowel Movements (# and consistency):

LUNCH Time:

MID-DAY SNACK: Time

Snack:
 Hours of Sleep:

DINNER Time:

NIGHTTIME SNACK: Time

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