

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 _____ Week beginning _____

Day 1

Breakfast Time _____ **Lunch** Time _____ **Dinner** Time _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Mid morning snack Time _____
 Snack _____
Bowel Movements (# & consistency) _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Mid-day snack Time _____
 Snack _____
Hours of Sleep _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Nighttime snack Time _____
 Snack _____
Quality of Sleep (good) 1 2 3 4 5 (poor)

Day 2

Breakfast Time _____ **Lunch** Time _____ **Dinner** Time _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Mid morning snack Time _____
 Snack _____
Bowel Movements (# & consistency) _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Mid-day snack Time _____
 Snack _____
Hours of Sleep _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Nighttime snack Time _____
 Snack _____
Quality of Sleep (good) 1 2 3 4 5 (poor)

Day 3

Breakfast Time _____ **Lunch** Time _____ **Dinner** Time _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Mid morning snack Time _____
 Snack _____
Bowel Movements (# & consistency) _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Mid-day snack Time _____
 Snack _____
Hours of Sleep _____

Meat & Dairy _____
 Vegetables & Fruit _____
 Breads, Cereals, Grains _____
 Fats (butter, margarine, oils, etc.) _____
 Candy, sweets, junk food _____
 Water intake (oz.) _____
 Other drinks _____
Nighttime snack Time _____
 Snack _____
Quality of Sleep (good) 1 2 3 4 5 (poor)

Notes: _____

Day 4

Day 4

Breakfast *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Mid morning snack *Time* _____

Snack _____

Bowel Movements (# & consistency) _____

Lunch *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Mid-day snack *Time* _____

Snack _____

Hours of Sleep _____

Dinner *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Nighttime snack *Time* _____

Snack _____

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

Day 5

Breakfast *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grain s _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Mid morning snack *Time* _____

Snack _____

Bowel Movements (# & consistency) _____

Lunch *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Mid-day snack *Time* _____

Snack _____

Hours of Sleep _____

Dinner *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Nighttime snack *Time* _____

Snack _____

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

Day 6

Breakfast *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Mid morning snack *Time* _____

Snack _____

Bowel Movements (# & consistency) _____

Lunch *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Mid-day snack *Time* _____

Snack _____

Hours of Sleep _____

Dinner *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Nighttime snack *Time* _____

Snack _____

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

Day 7

Breakfast *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Mid morning snack *Time* _____

Snack _____

Bowel Movements (# & consistency) _____

Lunch *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Mid-day snack *Time* _____

Snack _____

Hours of Sleep _____

Dinner *Time*

Meat & Dairy _____
Vegetables & Fruit _____
Breads, Cereals, Grains _____
Fats (butter, margarine, oils, etc.) _____
Candy, sweets, junk food _____
Water intake (oz.) _____
Other drinks _____

Nighttime snack *Time* _____

Snack _____

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