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

Name:

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.



Meai & Dairy:		
Vegetables & Fruits:		
Breads, Cereals, & Grains:		
Hats (butter, marganne, oils, etc.):		
Candy, Sweets. & Junk Food:		
Water Intake (il. oz.):		
Other Drinks:		
MED-MIDRNING SNACK Time	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:	7: ¥	
Bowel Movements (# and ansistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 2 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:	Manual Annual	
Vegetables & Fruits:		
Breads, Cereals, & Grains:		· · ·
Fats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):	· · · · · · · · · · · · · · · · · · ·	
Other Drinks:		
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Snack:		
Bowel Movements(# and amistericy):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 3 - Date: BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:		
Vegetables & Fruits:		×
Breads, Cereals, & Grains:		
Fats (butter, margarine, oils, etc.):	X	
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):		
Other Drinks:		
MD-MOPUNG SNACK Time	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and ansistery):	Hours of Sleep:	Quality of Sleep: (1900) 1 2 3 4 5 (1900)
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