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:		
BREAKFAST Time:	LUNCH Time:	DINNER 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:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
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:
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:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	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.):		
Candy, Sweets, & Junk Food:		
Water Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Notes:		

Day 4 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER 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:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 5 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER 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:	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 6 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat & Dairy:	LUNCH Time:	DINNER Time:
Meat & Dairy: Vegetables & Fruits:	LUNCH Time:	DINNER Time:
Meat & Dairy: Vegetables & Fruits: Breads, Cereals, & Grains:	LUNCH Time:	DINNER Time:
Meat & Dairy: Vegetables & Fruits: Breads, Cereals, & Grains: Fats (butter, margarine, oils, etc.):	LUNCH Time:	DINNER Time:
Meat & Dairy: Vegetables & Fruits: Breads, Cereals, & Grains: Fats (butter, margarine, oils, etc.): Candy, Sweets, & Junk Food:	LUNCH Time:	DINNER Time:
Meat & Dairy: Vegetables & Fruits: Breads, Cereals, & Grains: Fats (butter, margarine, oils, etc.): Candy, Sweets, & Junk Food: Water Intake (fl. oz.):	LUNCH Time:	DINNER Time:
Meat & Dairy: Vegetables & Fruits: Breads, Cereals, & Grains: Fats (butter, margarine, oils, etc.): Candy, Sweets, & Junk Food: Water Intake (fl. oz.): Other Drinks:		
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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:	MID-DAY SNACK Time:	NIGHTTIME SNACK 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:		
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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): Day 7 - Date: BREAKFAST Time: Meat & Dairy:	MID-DAY SNACK Time: Hours of Sleep:	NIGHTTIME SNACK Time: Quality of Sleep: (good) 1 2 3 4 5 (poor)
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): Day 7 - Date: BREAKFAST Time: Meat & Dairy: Vegetables & Fruits:	MID-DAY SNACK Time: Hours of Sleep:	NIGHTTIME SNACK Time: Quality of Sleep: (good) 1 2 3 4 5 (poor)
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