

Daily Record of Food Intake

Each day, record all the items you eat and drink. Be sure to include the approximate amount of each item.

Patient: _____

When you have completed this form, return it to your health care professional for evaluation.

Address: _____

Your diet may be the key to better health.



Health Care Professional: _____

L1400 10/06

Day 1 - Date:

BREAKFAST (TIME:)

LUNCH (TIME:)

DINNER (TIME:)

Meat & Dairy

Meat & Dairy

Meat & Dairy:

Vegetables & Fruits

Vegetables & Fruits:

Vegetables & Fruits

Breads, Cereals, & Grains:

Breads, Cereals, & Grains:

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Fats (butter, margarine, oils, etc.):

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Water Intake (ll oz)

Water Intake (ll oz)

Water Intake (ll oz.)

Other Drinks

Other Drinks

Other Drinks:

MID-MORNING SNACK (TIME:)

MID-DAY SNACK (TIME:)

NIGHTTIME SNACK (TIME:)

Number and Consistency of Bowel Movements:

Number of Sleep Hours:

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

Day 2 - Date:

BREAKFAST (TIME:)

LUNCH (TIME:)

DINNER (TIME:)

Meat & Dairy

Meat & Dairy

Meat & Dairy:

Vegetables & Fruits

Vegetables & Fruits:

Vegetables & Fruits

Breads, Cereals, & Grains:

Breads, Cereals, & Grains:

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Fats (butter, margarine, oils, etc.):

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Water Intake (ll oz)

Water Intake (ll oz)

Water Intake (ll oz.)

Other Drinks

Other Drinks

Other Drinks:

MID-MORNING SNACK (TIME:)

MID-DAY SNACK (TIME:)

NIGHTTIME SNACK (TIME:)

Number and Consistency of Bowel Movements:

Number of Sleep Hours:

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 (II oz)

Other Drinks

MID-MORNING SNACK(TIME:)

Number and Consistency of Bowel Movements:

LUNCH(TIME:)

Meat & Dairy

Vegetables & Fruits:

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz)

Other Drinks

MID-DAY SNACK(TIME:)

Number of Sleep Hours:

DINNER(TIME:

Meat & Dairy:

Vegetables & Fruits

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz.)

Other Drinks:

NIGHTTIME SNACK(TIME:

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

Day 4 - Date:**BREAKFAST**(TIME:)

Meat & Dairy

Vegetables & Fruits

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz)

Other Drinks

MID-MORNING SNACK(TIME:)

Number and Consistency of Bowel Movements:

LUNCH(TIME:)

Meat & Dairy

Vegetables & Fruits:

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz)

Other Drinks

MID-DAY SNACK(TIME:)

Number of Sleep Hours:

DINNER(TIME:

Meat & Dairy:

Vegetables & Fruits

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz.)

Other Drinks:

NIGHTTIME SNACK(TIME:

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 (II oz)

Other Drinks

MID-MORNING SNACK(TIME:)

Number and Consistency of Bowel Movements:

LUNCH(TIME:)

Meat & Dairy

Vegetables & Fruits:

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz)

Other Drinks

MID-DAY SNACK(TIME:)

Number of Sleep Hours:

DINNER(TIME:

Meat & Dairy:

Vegetables & Fruits

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz.)

Other Drinks:

NIGHTTIME SNACK(TIME:

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 (II oz)

Other Drinks

MID-MORNING SNACK(TIME:)

Number and Consistency of Bowel Movements:

LUNCH(TIME:)

Meat & Dairy

Vegetables & Fruits:

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz)

Other Drinks

MID-DAY SNACK(TIME:)

Number of Sleep Hours:

DINNER(TIME:

Meat & Dairy:

Vegetables & Fruits

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.)

Candy, Sweets, & Junk Food:

Water Intake (II oz.)

Other Drinks:

NIGHTTIME SNACK(TIME:

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 (II oz)

Other Drinks

MID-MORNING SNACK(TIME:)

Number and Consistency of Bowel Movements:

LUNCH(TIME:)

Meat & Dairy

Vegetables & Fruits:

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.):

Candy, Sweets, & Junk Food:

Water Intake (II oz)

Other Drinks

MID-DAY SNACK(TIME:)

Number of Sleep Hours:

DINNER(TIME:

Meat & Dairy:

Vegetables & Fruits

Breads, Cereals, & Grains:

Fats (butter, margarine, oils, etc.)

Candy, Sweets, & Junk Food:

Water Intake (II oz.)

Other Drinks:

NIGHTTIME SNACK(TIME:

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