

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: _____

Meat and dairy: _____

Vegetables and fruits: _____

Breads, cereals, and grains: _____

Fats (butter, margarine, oil, etc.): _____

Candy, sweets, and junk food: _____

Water intake (fl. oz.): _____

Other drinks: _____

MIDMORNING SNACK Time: _____

Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Day 2—Date: _____

BREAKFAST Time: _____

Meat and dairy: _____

Vegetables and fruits: _____

Breads, cereals, and grains: _____

Fats (butter, margarine, oil, etc.): _____

Candy, sweets, and junk food: _____

Water intake (fl. oz.): _____

Other drinks: _____

MIDMORNING SNACK Time: _____

Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Day 3—Date: _____

BREAKFAST Time: _____

Meat and dairy: _____

Vegetables and fruits: _____

Breads, cereals, and grains: _____

Fats (butter, margarine, oil, etc.): _____

Candy, sweets, and junk food: _____

Water intake (fl. oz.): _____

Other drinks: _____

MIDMORNING SNACK Time: _____

Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Notes: _____

Day 4—Date:

BREAKFAST Time: _____
Meat and dairy: _____
Vegetables and fruits: _____
Breads, cereals, and grains: _____
Fats (butter, margarine, oil, etc.): _____
Candy, sweets, and junk food: _____
Water intake (fl. oz.): _____
Other drinks: _____

MIDMORNING SNACK Time: _____
Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Day 5—Date:

BREAKFAST Time: _____
Meat and dairy: _____
Vegetables and fruits: _____
Breads, cereals, and grains: _____
Fats (butter, margarine, oil, etc.): _____
Candy, sweets, and junk food: _____
Water intake (fl. oz.): _____
Other drinks: _____

MIDMORNING SNACK Time: _____
Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Day 6—Date:

BREAKFAST Time: _____
Meat and dairy: _____
Vegetables and fruits: _____
Breads, cereals, and grains: _____
Fats (butter, margarine, oil, etc.): _____
Candy, sweets, and junk food: _____
Water intake (fl. oz.): _____
Other drinks: _____

MIDMORNING SNACK Time: _____
Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Day 7—Date:

BREAKFAST Time: _____
Meat and dairy: _____
Vegetables and fruits: _____
Breads, cereals, and grains: _____
Fats (butter, margarine, oil, etc.): _____
Candy, sweets, and junk food: _____
Water intake (fl. oz.): _____
Other drinks: _____

MIDMORNING SNACK Time: _____
Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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