

# Daily Record of Food Intake

Name: \_\_\_\_\_

Day 1—Date: \_\_\_\_\_

<b>BREAKFAST</b> Time: _____	<b>LUNCH</b> Time: _____	<b>DINNER</b> 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: _____	_____	_____
<b>MIDMORNING SNACK</b> Time: _____	<b>MIDDAY SNACK</b> Time: _____	<b>NIGHTTIME SNACK</b> Time: _____
Snack: _____	_____	_____
<b>Bowel movements</b> (number & consistency) : _____	<b>Hours of sleep:</b> _____	<b>Quality of sleep:</b> (good) 1 2 3 4 5 (poor) _____

Day 2—Date: \_\_\_\_\_

<b>BREAKFAST</b> Time: _____	<b>LUNCH</b> Time: _____	<b>DINNER</b> 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: _____	_____	_____
<b>MIDMORNING SNACK</b> Time: _____	<b>MIDDAY SNACK</b> Time: _____	<b>NIGHTTIME SNACK</b> Time: _____
Snack: _____	_____	_____
<b>Bowel movements</b> (number & consistency) : _____	<b>Hours of sleep:</b> _____	<b>Quality of sleep:</b> (good) 1 2 3 4 5 (poor) _____

Day 3—Date: \_\_\_\_\_

<b>BREAKFAST</b> Time: _____	<b>LUNCH</b> Time: _____	<b>DINNER</b> 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: _____	_____	_____
<b>MIDMORNING SNACK</b> Time: _____	<b>MIDDAY SNACK</b> Time: _____	<b>NIGHTTIME SNACK</b> Time: _____
Snack: _____	_____	_____
<b>Bowel movements</b> (number & consistency) : _____	<b>Hours of sleep:</b> _____	<b>Quality of sleep:</b> (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 & 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 & 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 & 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 & consistency) :

**LUNCH** Time:

**MIDDAY SNACK** Time:

**Hours of sleep:**

**DINNER** Time:

**NIGHTTIME SNACK** Time:

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

