

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

When you have completed this worksheet, return it to your
healthcare professional for evaluation.

Your diet may be the key to better health.

Patient: _____

Address: _____



Healthcare Professional

Day 1 - Date: _____

<p>BREAKFAST (TIME:) Meat & Dairy</p> <p>Vegetables & Fruit</p> <p>Breads, Cereals & Grains:</p> <p>Fats (butter, margerine, oils, etc)</p> <p>Candy, Sweets & Junk Food</p> <p>Water Intake (fl. Oz.)</p> <p>Other Drinks:</p>	<p>LUNCH (TIME:) Meat & Dairy</p> <p>Vegetables & Fruit</p> <p>Breads, Cereals & Grains:</p> <p>Fats (butter, margerine, oils, etc)</p> <p>Candy, Sweets & Junk Food</p> <p>Water Intake (fl. Oz.)</p> <p>Other Drinks:</p>	<p>DINNER (TIME:) Meat & Dairy</p> <p>Vegetables & Fruit</p> <p>Breads, Cereals & Grains:</p> <p>Fats (butter, margerine, oils, etc)</p> <p>Candy, Sweets & Junk Food</p> <p>Water Intake (fl. Oz.)</p> <p>Other Drinks:</p>
<p>MID-MORNING SNACK (TIME:)</p> <p>Number of Bowel Movements:</p>	<p>MID-DAY SNACK (TIME:)</p> <p>Number of Sleep Hours:</p>	<p>NIGHTTIMESNACK (TIME:)</p> <p>Quality of Sleep: (good) 1 2 3 4 5 (bad)</p>

Day 2 - Date: _____

<p>BREAKFAST (TIME:) Meat & Dairy</p> <p>Vegetables & Fruit</p> <p>Breads, Cereals & Grains:</p> <p>Fats (butter, margerine, oils, etc)</p> <p>Candy, Sweets & Junk Food</p> <p>Water Intake (fl. Oz.)</p> <p>Other Drinks:</p>	<p>LUNCH (TIME:) Meat & Dairy</p> <p>Vegetables & Fruit</p> <p>Breads, Cereals & Grains:</p> <p>Fats (butter, margerine, oils, etc)</p> <p>Candy, Sweets & Junk Food</p> <p>Water Intake (fl. Oz.)</p> <p>Other Drinks:</p>	<p>DINNER (TIME:) Meat & Dairy</p> <p>Vegetables & Fruit</p> <p>Breads, Cereals & Grains:</p> <p>Fats (butter, margerine, oils, etc)</p> <p>Candy, Sweets & Junk Food</p> <p>Water Intake (fl. Oz.)</p> <p>Other Drinks:</p>
<p>MID-MORNING SNACK (TIME:)</p> <p>Number of Bowel Movements:</p>	<p>MID-DAY SNACK (TIME:)</p> <p>Number of Sleep Hours:</p>	<p>NIGHTTIMESNACK (TIME:)</p> <p>Quality of Sleep: (good) 1 2 3 4 5 (bad)</p>

Day 3 - Date: _____

BREAKFAST (TIME:) Meat & Dairy	LUNCH (TIME:) Meat & Dairy	DINNER (TIME:) Meat & Dairy
Vegetables & Fruit	Vegetables & Fruit	Vegetables & Fruit
Breads, Cereals & Grains:	Breads, Cereals & Grains:	Breads, Cereals & Grains:
Fats (butter, margerine, oils, etc)	Fats (butter, margerine, oils, etc)	Fats (butter, margerine, oils, etc)
Candy, Sweets & Junk Food	Candy, Sweets & Junk Food	Candy, Sweets & Junk Food
Water Intake (fl. Oz.)	Water Intake (fl. Oz.)	Water Intake (fl. Oz.)
Other Drinks:	Other Drinks:	Other Drinks:
MID-MORNING SNACK (TIME:)	MID-DAY SNACK (TIME:)	NIGHTTIMESNACK (TIME:)
Number of Bowel Movements:	Number of Sleep Hours:	Quality of Sleep: (good) 1 2 3 4 5 (bad)

Day 4 - Date: _____

BREAKFAST (TIME:) Meat & Dairy	LUNCH (TIME:) Meat & Dairy	DINNER (TIME:) Meat & Dairy
Vegetables & Fruit	Vegetables & Fruit	Vegetables & Fruit
Breads, Cereals & Grains:	Breads, Cereals & Grains:	Breads, Cereals & Grains:
Fats (butter, margerine, oils, etc)	Fats (butter, margerine, oils, etc)	Fats (butter, margerine, oils, etc)
Candy, Sweets & Junk Food	Candy, Sweets & Junk Food	Candy, Sweets & Junk Food
Water Intake (fl. Oz.)	Water Intake (fl. Oz.)	Water Intake (fl. Oz.)
Other Drinks:	Other Drinks:	Other Drinks:
MID-MORNING SNACK (TIME:)	MID-DAY SNACK (TIME:)	NIGHTTIMESNACK (TIME:)
Number of Bowel Movements:	Number of Sleep Hours:	Quality of Sleep: (good) 1 2 3 4 5 (bad)

Day 5 - Date: _____

BREAKFAST (TIME:) Meat & Dairy	LUNCH (TIME:) Meat & Dairy	DINNER (TIME:) Meat & Dairy
Vegetables & Fruit	Vegetables & Fruit	Vegetables & Fruit
Breads, Cereals & Grains:	Breads, Cereals & Grains:	Breads, Cereals & Grains:
Fats (butter, margerine, oils, etc)	Fats (butter, margerine, oils, etc)	Fats (butter, margerine, oils, etc)
Candy, Sweets & Junk Food	Candy, Sweets & Junk Food	Candy, Sweets & Junk Food
Water Intake (fl. Oz.)	Water Intake (fl. Oz.)	Water Intake (fl. Oz.)
Other Drinks:	Other Drinks:	Other Drinks:
MID-MORNING SNACK (TIME:)	MID-DAY SNACK (TIME:)	NIGHTTIMESNACK (TIME:)
Number of Bowel Movements:	Number of Sleep Hours:	Quality of Sleep: (good) 1 2 3 4 5 (bad)

Day 6 - Date: _____

BREAKFAST (TIME:) Meat & Dairy	LUNCH (TIME:) Meat & Dairy	DINNER (TIME:) Meat & Dairy
Vegetables & Fruit	Vegetables & Fruit	Vegetables & Fruit
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 (fl. Oz.)	Water Intake (fl. Oz.)	Water Intake (fl. Oz.)
Other Drinks:	Other Drinks:	Other Drinks:
MID-MORNING SNACK (TIME:)	MID-DAY SNACK (TIME:)	NIGHTTIMESNACK (TIME:)
Number of Bowel Movements:	Number of Sleep Hours:	Quality of Sleep: (good) 1 2 3 4 5 (bad)

Day 7 - Date: _____

BREAKFAST (TIME:) Meat & Dairy	LUNCH (TIME:) Meat & Dairy	DINNER (TIME:) Meat & Dairy
Vegetables & Fruit	Vegetables & Fruit	Vegetables & Fruit
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 (fl. Oz.)	Water Intake (fl. Oz.)	Water Intake (fl. Oz.)
Other Drinks:	Other Drinks:	Other Drinks:
MID-MORNING SNACK (TIME:)	MID-DAY SNACK (TIME:)	NIGHTTIMESNACK (TIME:)
Number of Bowel Movements:	Number of Sleep Hours:	Quality of Sleep: (good) 1 2 3 4 5 (bad)