

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 booklet, return it to your health care professional for evaluation.

Address: _____

Your diet may be the key to better health.



Health Care Professional: _____

SP-5 L1400 08/05

Day 1 - Date: _____

BREAKFAST (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:)

Number of Bowel Movements:

LUNCH (TIME:)

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals, & Grains:

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

Candy, Sweets, & Junk Food:

Water Intake (fl. 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 (fl. oz.):

Other Drinks:

NIGHTTIME SNACK (TIME:)

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

Day 2 - Date: _____

BREAKFAST (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:)

Number of Bowel Movements:

LUNCH (TIME:)

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals, & Grains:

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

Candy, Sweets, & Junk Food:

Water Intake (fl. 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 (fl. oz.):

Other Drinks:

NIGHTTIME SNACK (TIME:)

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 (fl. oz.):

Other Drinks:

MID-MORNING SNACK (TIME:)

Number of Bowel Movements:

LUNCH (TIME:)

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals, & Grains:

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

Candy, Sweets, & Junk Food:

Water Intake (fl. 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 (fl. 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 (fl. oz.):

Other Drinks:

MID-MORNING SNACK (TIME:)

Number of Bowel Movements:

LUNCH (TIME:)

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals, & Grains:

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

Candy, Sweets, & Junk Food:

Water Intake (fl. 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 (fl. 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 (fl. oz.):

Other Drinks:

MID-MORNING SNACK (TIME:)

Number of Bowel Movements:

LUNCH (TIME:)

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals, & Grains:

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

Candy, Sweets, & Junk Food:

Water Intake (fl. 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 (fl. 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 (fl. oz.):

Other Drinks:

MID-MORNING SNACK (TIME:)

Number of Bowel Movements:

LUNCH (TIME:)

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals, & Grains:

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

Candy, Sweets, & Junk Food:

Water Intake (fl. 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 (fl. 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 (fl. oz.):

Other Drinks:

MID-MORNING SNACK (TIME:)

Number of Bowel Movements:

LUNCH (TIME:)

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals, & Grains:

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

Candy, Sweets, & Junk Food:

Water Intake (fl. 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 (fl. oz.):

Other Drinks:

NIGHTTIME SNACK (TIME:)

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