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.



DELVEACT -	LUNCH Time:	DINNER Time:
BREAKFAST Time:	LUNCH Times	DIMMEN TIME
feat & Dairy:		
egetables & Fruits:		
reads, Cereals, & Grains:		
ats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Vater Intake (fl. oz.):		
ther Drinks:		
HID-MORNING SNACK Times	MID-DAY SNACK Times	NIGHTTIME SNACK Time:
inack:		
Rowel Movements (# and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
Day 2 - Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Aeat & Dairy:		
regetables & Fruits:		
treads, Cereals, & Grains:		
ats (butter, margarine, oils, etc.):		
Candy, Sweets, & Junk Food:		
Vater Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Time:	MID-DAY SNACK Time	NIGHTTIME SNACK Times
inack:		
Bowel Movements (# and consistency):	Hours of Steep:	Quality of Sleep: (good) 1 2 3 4 5 (poor
Day 3 - Date:		
BREAKFAST Time:	LUNCH Times	DINNER Time:
Meat & Dairy:		
egetables & Fruits:		A Constitution of the Contract
reads, Corcals, & Grains:		
ats (butter, margarine, cils, etc.):		
andy, Sweets, & Junk Food:		
Vator Intake (fl. oz.):		
Other Drinks:		
MID-MORNING SNACK Times	MID-DAY SNACK Time:	NIGHTTIME SNACK Time:
inack:		
Bowel Movements (* and consistency):	Hours of Sleep:	Quality of Sleep: (good) 1 2 3 4 5 (poor)
lotes:		