


  


# Daily Record of Food Intake

Full name

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 us for evaluation.

**Day 1:** Date

**Breakfast:** Time

**Lunch:** Time

**Dinner:** Time

List all food & drink, & approx. amounts:

List all food & drink, & approx. amounts:

List all food & drink, & approx. amounts:




**Morning** snack: Time

**Afternoon** snack: Time

**Evening** snack: Time

List all:

List all:

List all:

Bowel Movements (# & Consistency)

Hours of sleep

Quality of sleep      
 Poor 0 1 2 3 Good

**Day 2:** Date

**Breakfast:** Time

**Lunch:** Time

**Dinner:** Time

List all food & drink, & approx. amounts:

List all food & drink, & approx. amounts:

List all food & drink, & approx. amounts:




**Morning** snack: Time

**Afternoon** snack: Time

**Evening** snack: Time

List all:

List all:

List all:

Bowel Movements (# & Consistency)

Hours of sleep

Quality of sleep      
 Poor 0 1 2 3 Good



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**Day 3:** Date

**Breakfast:** Time

**Lunch:** Time

**Dinner:** Time

List all food & drink, & approx. amounts:

List all food & drink, & approx. amounts:

List all food & drink, & approx. amounts:

**Morning** snack: Time

**Afternoon** snack: Time

**Evening** snack: Time

List all:

List all:

List all:

Bowel Movements (# & Consistency)

Hours of sleep

Quality of sleep      
Poor 0 1 2 3 Good