

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.



WHOLE FOOD NUTRIENT SOLUTIONS

Name: _____

Day 1—Date: _____

BREAKFAST Time: _____	LUNCH Time: _____	DINNER 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: _____	MIDDAY SNACK Time: _____	NIGHTTIME SNACK Time: _____
Snack: _____	_____	_____
Bowel movements (number and consistency): _____	Hours of sleep: _____	Quality of sleep: (good) 1 2 3 4 5 (poor)

Day 2—Date: _____

BREAKFAST Time: _____	LUNCH Time: _____	DINNER 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: _____	MIDDAY SNACK Time: _____	NIGHTTIME SNACK Time: _____
Snack: _____	_____	_____
Bowel movements (number and consistency): _____	Hours of sleep: _____	Quality of sleep: (good) 1 2 3 4 5 (poor)

Day 3—Date: _____

BREAKFAST Time: _____	LUNCH Time: _____	DINNER 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: _____	MIDDAY SNACK Time: _____	NIGHTTIME SNACK Time: _____
Snack: _____	_____	_____
Bowel movements (number and consistency): _____	Hours of sleep: _____	Quality of sleep: (good) 1 2 3 4 5 (poor)

Notes: _____

