

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: _____

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: _____

Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Day 2—Date:

BREAKFAST 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: _____

Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Day 3—Date:

BREAKFAST 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: _____

Snack: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

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

Notes: _____

Day 4—Date:

BREAKFAST 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:

Snack:

Bowel movements (number and consistency):

LUNCH Time:

MIDDAY SNACK Time:

Hours of sleep:

DINNER Time:

NIGHTTIME SNACK Time:

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

Day 5—Date:

BREAKFAST 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:

Snack:

Bowel movements (number and consistency):

LUNCH Time:

MIDDAY SNACK Time:

Hours of sleep:

DINNER Time:

NIGHTTIME SNACK Time:

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

Day 6—Date:

BREAKFAST 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:

Snack:

Bowel movements (number and consistency):

LUNCH Time:

MIDDAY SNACK Time:

Hours of sleep:

DINNER Time:

NIGHTTIME SNACK Time:

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

Day 7—Date:

BREAKFAST 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:

Snack:

Bowel movements (number and consistency):

LUNCH Time:

MIDDAY SNACK Time:

Hours of sleep:

DINNER Time:

NIGHTTIME SNACK Time:

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