

Daily Record of Food Intake

Each day, record all the foods you eat and drink. Be sure to include the approximate amount of each food.

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.



SP-5 L1400 11/03

Health Care Professional: _____

Day 1 - Date: _____

BREAKFAST:

LUNCH:

DINNER:

MID-MORNING SNACK:

MID-AFTERNOON SNACK:

NIGHTTIME SNACK:

Day 2 - Date: _____

BREAKFAST:

LUNCH:

DINNER:

MID-MORNING SNACK:

MID-AFTERNOON SNACK:

NIGHTTIME SNACK:

Day 3 - Date: _____

BREAKFAST:

LUNCH:

DINNER:

MID-MORNING SNACK:

MID-AFTERNOON SNACK:

NIGHTTIME SNACK:

Day 4 - Date: _____

BREAKFAST:

LUNCH:

DINNER:

MID-MORNING SNACK:

MID-AFTERNOON SNACK:

NIGHTTIME SNACK:

Day 5 - Date: _____

BREAKFAST:

LUNCH:

DINNER:

MID-MORNING SNACK:

MID-AFTERNOON SNACK:

NIGHTTIME SNACK:

Day 6 - Date: _____

BREAKFAST:

LUNCH:

DINNER:

MID-MORNING SNACK:

MID-AFTERNOON SNACK:

NIGHTTIME SNACK:

Day 7 - Date: _____

BREAKFAST:

LUNCH:

DINNER:

MID-MORNING SNACK:

MID-AFTERNOON SNACK:

NIGHTTIME SNACK: