

# 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:**