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.

Notes:



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 & consistency): Hours of sleep: Quality of sleep: (good) 1 2 3 4 5 (poor) Day 2—Date: LUNCH Time: **BREAKFAST** 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 & consistency): Hours of sleep: Quality of sleep: (good) 1 2 3 4 5 (poor) Day 3—Date: LUNCH Time: DINNER Time: **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: **MIDDAY SNACK** Time: **NIGHTTIME SNACK** Time: Snack-**Bowel movements** (number & consistency) : Hours of sleep: Quality of sleep: (good) 1 2 3 4 5 (poor)

Day 4—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 & consistency) :	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 5—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 & consistency) :	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 6—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
BREAKFAST Time: Meat and dairy:	LUNCH Time:	DINNER Time:
	LUNCH Time:	DINNER Time:
Meat and dairy:	LUNCH Time:	DINNER Time:
Meat and dairy: Vegetables and fruits:	LUNCH Time:	DINNER Time:
Meat and dairy: Vegetables and fruits: Breads, cereals, and grains:	LUNCH Time:	DINNER Time:
Meat and dairy: Vegetables and fruits: Breads, cereals, and grains: Fats (butter, margarine, oil, etc.):	LUNCH Time:	DINNER Time:
Meat and dairy: Vegetables and fruits: Breads, cereals, and grains: Fats (butter, margarine, oil, etc.): Candy, sweets, and junk food:	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.):	LUNCH Time: MIDDAY SNACK Time:	NIGHTTIME SNACK 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:		NIGHTTIME SNACK Time:
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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 & consistency): Day 7—Date: BREAKFAST Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
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