

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.



Standard Process

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: _____	LUNCH Time: _____ MIDDAY SNACK Time: _____ Snack: _____ Hours of sleep: _____	DINNER Time: _____ NIGHTTIME SNACK Time: _____ Quality of sleep: (poor) 1 2 3 4 5 (good) _____
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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: _____	LUNCH Time: _____ MIDDAY SNACK Time: _____ Snack: _____ Hours of sleep: _____	DINNER Time: _____ NIGHTTIME SNACK Time: _____ Quality of sleep: (poor) 1 2 3 4 5 (good) _____
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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: _____	LUNCH Time: _____ MIDDAY SNACK Time: _____ Snack: _____ Hours of sleep: _____	DINNER Time: _____ NIGHTTIME SNACK Time: _____ Quality of sleep: (poor) 1 2 3 4 5 (good) _____
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Notes: _____

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:		
MID-MORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel movements (No. & Consistency):	Hours of sleep:	Quality of sleep: (poor) 1 2 3 4 5 (good)

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:		
MID-MORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel movements (No. & Consistency):	Hours of sleep:	Quality of sleep: (poor) 1 2 3 4 5 (good)

Day 6—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:		
MID-MORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel movements (No. & Consistency):	Hours of sleep:	Quality of sleep: (poor) 1 2 3 4 5 (good)

Day 7—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:		
MID-MORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel movements (No. & Consistency):	Hours of sleep:	Quality of sleep: (poor) 1 2 3 4 5 (good)