

Food Intake Tracking Sheet

Each day, record all the foods you eat and drink.

Name _____

Be sure to include the approximate amount of each food.

• Denotes bowel movements – write down consistency of B.M. i.e. runny, well formed, or small marbles.

When you have completed these sheets, bring them to your next visit.

Day 1- Date: _____

Breakfast: Time: _____

Lunch: Time: _____

Dinner: Time: _____

Meat and Dairy

Meat and Dairy

Meat and Dairy

Vegetables & Fruits:

Vegetables & Fruit:

Vegetable & Fruit:

Breads, Cereals & Grains:

Bread, Cereal & Grains:

Bread, Cereal & Grains:

Fats (Butter,margarine,oils,etc.):

Fats (Butter,margarine,oils,etc.):

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Drinks:

Drinks:

Drinks:

Mid-Morning Snack: Time: _____

Mid-Day Snack: Time: _____

Nighttime Snack: Time: _____

H2O Intake: _____

BM= ● _____

Quality of Sleep 1= (Bad) 10= (Great) _____

#of Hours Slept : _____

Day 2- Date: _____

Breakfast: Time: _____

Lunch: Time: _____

Dinner: Time: _____

Meat and Dairy

Meat and Dairy

Meat and Dairy

Vegetables & Fruits:

Vegetables & Fruit:

Vegetable & Fruit:

Breads, Cereals & Grains:

Bread, Cereals & Grains

Bread, Cereal & Grains:

Fats (Butter,margarine,oils,etc.):

Fats (Butter,margarine,oils,etc.):

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Drinks:

Drinks:

Drinks:

Mid-Morning Snack: Time: _____

Mid-Day Snack: Time: _____

Nighttime Snack: Time: _____

H2O Intake: _____

BM = ● _____

Quality of Sleep 1= (Bad) 10= (Great) _____

Hours Slept : _____

Day 3- Date: _____

Breakfast: Time: _____

Lunch: Time: _____

Dinner: Time: _____

Meat and Dairy

Meat and Dairy

Meat and Dairy

Vegetables & Fruits:

Vegetables & Fruit:

Vegetable & Fruit:

Breads, Cereals & Grains:

Bread, Cereal & Grains:

Bread, Cereal & Grains:

Fats (Butter,margarine,oils,etc.):

Fats (Butter,margarine,oils,etc.):

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Drinks:

Drinks:

Drinks:

Mid-Morning Snack: Time: _____

Mid-Day Snack: Time: _____

Nighttime Snack: Time: _____

Quality of Sleep 1= (Bad) 10= (Great)_____

H2O Intake: _____

BM = ● _____

#of Hours Slept : _____

Day 4- Date: _____

Breakfast: Time: _____

Lunch: Time: _____

Dinner: Time: _____

Meat and Dairy

Meat and Dairy

Meat and Dairy

Vegetables & Fruits:

Vegetables & Fruit:

Vegetable & Fruit:

Breads, Cereals & Grains:

Bread, Cereal & Grains:

Bread, Cereal & Grains:

Fats (Butter,margarine,oils,etc.):

Fats (Butter,margarine,oils,etc.):

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Drinks:

Drinks:

Drinks:

Mid-Morning Snack: Time: _____

Mid-Day Snack: Time: _____

Nighttime Snack: Time: _____

Quality of Sleep 1= (Bad) 10= (Great)_____

H2O Intake: _____

BM = ● _____

of Hours Slept : _____

Day 5- Date: _____

Breakfast: Time: _____

Meat and Dairy

Vegetables & Fruits:

Breads, Cereals & Grains:

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Drinks:

Mid-Morning Snack: Time: _____

Lunch: Time: _____

Meat and Dairy

Vegetables & Fruit:

Bread, Cereal & Grains:

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Drinks:

Mid-Day Snack: Time: _____

Dinner: Time: _____

Meat and Dairy

Vegetable & Fruit:

Bread, Cereal & Grains:

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Drinks:

Nighttime Snack: Time: _____

Quality of Sleep 1= (Bad) 10= (Great)_____

H2O Intake: _____

BM = ● _____

of Hours Slept: (1 – 10) _____

Day 6- Date: _____

Breakfast: Time: _____

Meat and Dairy

Vegetables & Fruits:

Breads, Cereals & Grains:

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Drinks:

Mid-Morning Snack: Time: _____

Lunch: Time: _____

Meat and Dairy

Vegetables & Fruit:

Bread, Cereal & Grains:

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Drinks:

Mid-Day Snack: Time: _____

Dinner: Time: _____

Meat and Dairy

Vegetable & Fruit:

Bread, Cereal & Grains:

Fats (Butter,margarine,oils,etc.):

Candy, Sweets & Junk Food:

Drinks:

Nighttime Snack: Time: _____

Quality of Sleep 1= (Bad) 10= (Great)_____

H2O Intake: _____

BM = ● _____

of Hours Slept: _____

Day 7- Date: _____

Breakfast: Time: _____

Lunch: Time: _____

Dinner: Time: _____

Meat and Dairy

Meat and Dairy

Meat and Dairy

Vegetables & Fruits:

Vegetables & Fruit:

Vegetable & Fruit:

Breads, Cereals & Grains:

Bread, Cereal & Grains:

Bread, Cereal & Grains:

Fats (Butter, margarine, oils, etc.):

Fats (Butter, margarine, oils, etc.):

Fats (Butter, margarine, oils, etc.):

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Candy, Sweets & Junk Food:

Drinks:

Drinks:

Drinks:

Mid-Morning Snack: Time: _____

Mid-Day Snack: Time: _____

Nighttime Snack: Time: _____

Quality of Sleep 1= (Bad) 10= (Great) _____

H2O Intake: _____

BM = ● _____

of Hours Slept _____