

# 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 approximate amount of each item. When you have completed this form, return it to Dr. Art for evaluation.



**CONCEPTS FOR HEALTH**  
vitality • awareness • longevity

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DINNER** Time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MIDMORNING SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Bowel Movements:**  
(number and consistency)

**MIDDAY SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Hours of Sleep:**

**NIGHTTIME SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Quality of Sleep**  
(good) 1 2 3 4 5 (poor)

**Supplements**  Yes  No

**Supplements**  Yes  No

**Supplements**  Yes  No

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DINNER** Time: \_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**MIDMORNING SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Bowel Movements:**  
(number and consistency)

**MIDDAY SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Hours of Sleep:**

**NIGHTTIME SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Quality of Sleep**  
(good) 1 2 3 4 5 (poor)

**Supplements**  Yes  No

**Supplements**  Yes  No

**Supplements**  Yes  No

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**DINNER** Time: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**MIDMORNING SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Bowel Movements:**  
(number and consistency)

**MIDDAY SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Hours of Sleep:**

**NIGHTTIME SNACK** Time: \_\_\_\_\_  
Snack: \_\_\_\_\_  
**Quality of Sleep**  
(good) 1 2 3 4 5 (poor)

**Supplements**  Yes  No

**Supplements**  Yes  No

**Supplements**  Yes  No

**NOTES**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Day 4 - 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:

**MIDMORNING SNACK** Time:

Snack:

**Bowel Movements:**

(number and consistency)

Supplements  Yes  No

**LUNCH** Time:

**MIDDAY SNACK** Time:

Snack:

**Hours of Sleep:**

Supplements  Yes  No

**DINNER** Time:

**NIGHTTIME SNACK** Time:

Snack:

**Quality of Sleep**

(good) 1 2 3 4 5 (poor)

Supplements  Yes  No

Day 5 - 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:

**MIDMORNING SNACK** Time:

Snack:

**Bowel Movements:**

(number and consistency)

Supplements  Yes  No

**LUNCH** Time:

**MIDDAY SNACK** Time:

Snack:

**Hours of Sleep:**

Supplements  Yes  No

**DINNER** Time:

**NIGHTTIME SNACK** Time:

Snack:

**Quality of Sleep**

(good) 1 2 3 4 5 (poor)

Supplements  Yes  No

Day 6 - 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:

**MIDMORNING SNACK** Time:

Snack:

**Bowel Movements:**

(number and consistency)

Supplements  Yes  No

**LUNCH** Time:

**MIDDAY SNACK** Time:

Snack:

**Hours of Sleep:**

Supplements  Yes  No

**DINNER** Time:

**NIGHTTIME SNACK** Time:

Snack:

**Quality of Sleep**

(good) 1 2 3 4 5 (poor)

Supplements  Yes  No

Day 7 - 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:

**MIDMORNING SNACK** Time:

Snack:

**Bowel Movements:**

(number and consistency)

Supplements  Yes  No

**LUNCH** Time:

**MIDDAY SNACK** Time:

Snack:

**Hours of Sleep:**

Supplements  Yes  No

**DINNER** Time:

**NIGHTTIME SNACK** Time:

Snack:

**Quality of Sleep**

(good) 1 2 3 4 5 (poor)

Supplements  Yes  No