

Daily Record of Food & Fluid Intake

NAME: _____

Please record 3 **TYPICAL** days with approximate amount of each item of food/drink.

(1) Day: _____ Date: _____		
BREAKFAST (TIME: _____) ----- Morning SNACK (TIME: _____)	LUNCH (TIME: _____) ----- Mid-day SNACK (TIME: _____)	DINNER (TIME: _____) ----- Evening SNACK (TIME: _____)
Total Water Intake: _____ oz. Other Fluid Intake: _____ oz. Number of Bowel Movements: ____ Bedtime: _____ Hrs. asleep: ____ Quality of Sleep: 1 2 3 4 5 Overall Energy : (1-10 scale): ____		
(2) Day: _____ Date: _____		
BREAKFAST (TIME: _____) ----- Morning SNACK (TIME: _____)	LUNCH (TIME: _____) ----- Mid-day SNACK (TIME: _____)	DINNER (TIME: _____) ----- Evening SNACK (TIME: _____)
Total Water Intake: _____ oz. Other Fluid Intake: _____ oz. Number of Bowel Movements: ____ Bedtime: _____ Hrs. asleep: ____ Quality of Sleep: 1 2 3 4 5 Overall Energy : (1-10 scale): ____		
(3) Day: _____ Date: _____		
BREAKFAST (TIME: _____) ----- Morning SNACK (TIME: _____)	LUNCH (TIME: _____) ----- Mid-day SNACK (TIME: _____)	DINNER (TIME: _____) ----- Evening SNACK (TIME: _____)
Total Water Intake: _____ oz. Other Fluid Intake: _____ oz. Number of Bowel Movements: ____ Bedtime: _____ Hrs. asleep: ____ Quality of Sleep: 1 2 3 4 5 Overall Energy : (1-10 scale): ____		