



Daily Record of Food Intake (4-Day)

Each day, record all the foods you eat and drink.
 Be sure to include the approximate amount of each food.

Client Name: _____

Date: _____

Day 1 – Date: _____

Breakfast:	Lunch:	Dinner:
Meat & Dairy:	Meat & Dairy:	Meat & Dairy:
Vegetables & Fruits:	Vegetables & Fruits:	Vegetables & Fruits:
Breads, Cereals & Grains	Breads, Cereals & Grains	Breads, Cereals & 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:
How You Felt after Breakfast:	How You Felt after Lunch:	How You Felt after Dinner:
1-2 hours later:	1-2 hours later:	1-2 hours later:
Mid-Morning Snack:	Mid-Afternoon Snack:	Nighttime Snack:
How you felt after Snack:	How you felt after Snack:	How you felt after Snack:

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Day 2 – Date: _____

Breakfast:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Breakfast:

1-2 hours later:

Mid-Morning Snack:

How you felt after Snack:

Lunch:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Lunch:

1-2 hours later:

Mid-Afternoon Snack:

How you felt after Snack:

Dinner:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Dinner:

1-2 hours later:

Nighttime Snack:

How you felt after Snack:

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Day 3 – Date: _____

Breakfast:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Breakfast:

1-2 hours later:

Mid-Morning Snack:

How you felt after Snack:

Lunch:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Lunch:

1-2 hours later:

Mid-Afternoon Snack:

How you felt after Snack:

Dinner:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Dinner:

1-2 hours later:

Nighttime Snack:

How you felt after Snack:

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Day 4 – Date: _____

Breakfast:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Breakfast:

1-2 hours later:

Mid-Morning Snack:

How you felt after Snack:

Lunch:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Lunch:

1-2 hours later:

Mid-Afternoon Snack:

How you felt after Snack:

Dinner:

Meat & Dairy:

Vegetables & Fruits:

Breads, Cereals & Grains

Fats (butter, margarine, oils, etc.)

Candy, Sweets & Junk Food:

Drinks:

How You Felt after Dinner:

1-2 hours later:

Nighttime Snack:

How you felt after Snack:

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