



Food Record

Instructions: List all of the food and beverages (including water and alcohol) you consume for 4 days. Try to choose typical days and include at least one weekend day.
PLEASE PRINT. Use a separate sheet of paper if necessary.

	TIME/ PLACE	TYPE OF FOOD/BEVERAGE-BE SPECIFIC	AMOUNT	For Staff Use Only
Day 1				_____ Dairy _____ Fruit _____ Vegetable _____ Protein _____ Grain _____ Other
Day 2				_____ Dairy _____ Fruit _____ Vegetable _____ Protein _____ Grain _____ Other
	Example 9am - Home	<i>Frosted Flakes cereal banana low-fat milk strawberry cereal bar</i>	<i>1-1/2 cups 1 medium 6 oz. 1 bar</i>	

	TIME/ PLACE	TYPE OF FOOD/BEVERAGE-BE SPECIFIC	AMOUNT	For Staff Use Only
Day 3				_____ Dairy _____ Fruit _____ Vegetable _____ Protein _____ Grain _____ Other
	Day 4			_____ Dairy _____ Fruit _____ Vegetable _____ Protein _____ Grain _____ Other