



DAILY FOOD INTAKE

List all food consumed in a typical 24 hr. period. Please be as specific as possible, including amounts of foods, beverages and supplements. Remember, honesty ensures accurate assessment of the types and amounts of calories consumed per day.

WHAT TIME DO YOU WAKE UP IN THE MORNING? _____.

WHAT TIME DO YOU NORMALLY GO TO BED? _____.

<u>MEAL</u> <u>AMOUNT</u>	<u>TIME</u>	<u>FOOD & AMOUNT</u>	<u>BEVERAGE</u> &
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BREAKFAST(_____), _____

SNACK (_____), _____

LUNCH (_____), _____

SNACK (_____), _____

DINNER (_____), _____

SNACK (_____), _____

Name: _____ Date: ____/____/____
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