

Daily Food Record Sample

Name: _____

Date of Birth: _____

Phone Number: _____

Sex: M or F (circle one)

Email: _____

Height: _____

FAX: _____

Weight: _____

Write down everything you eat and drink day and night. Be as specific as possible. Remember to list butter or margarine added to vegetables, dressings added to salads, gravies served on meat, etc. Include vitamins and other supplements.

DATE	FOOD	AMOUNT	DESCRIPTION	LEAVE BLANK
14/07/99	English muffin	1/2 muffin	Toasted raisin, with:	
	Margarine	1 teaspoon	Tub, Canola, XYZ brand	
	Milk	8 oz.	2% fat, Vitamin D added	
	Eggs	2 large	Fried in butter	
	Pineapple	1/2 cup	Crushed in heavy syrup	

