Please record all food, drink, vitamin, mineral or supplemental intake using specific amounts with product brands for the next 3 days. Include at least 1 weekend day if possible

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Day/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Meal/snack | Food item | Amount | Hunger/ Mood while eating |
| AM/Breakfast |  |  |  |
| Mid Morning |  |  |  |
| Lunch |  |  |  |
| Afternoon |  |  |  |
| Dinner |  |  |  |
| PM |  |  |  |
| Supplements |  |  |  |
|  |  |  |  |