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 |   |   |   |
|  |  |  |  |