Daily Record of Food Intake | Your diet may be the key to better health.

Each day, record all the items you eat and drink. Be sure to include the approximate amount of each item. When you have completed this form, return it to your health care professional for evaluation.

Standard Process®
WHOLE FOOD NUTRIENT SOLUTIONS

Name:

Day 1—Date:

BREAKFAST Time:	**LUNCH** Time:	**DINNER** Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK *Time:*	**MIDDAY SNACK** Time:	**NIGHTTIME SNACK** Time:
Snack:		
Bowel movements (number & consistency) :	**Hours of sleep:**	**Quality of sleep:** (good) 1 2 3 4 5 (poor)

Day 2—Date:

BREAKFAST Time:	**LUNCH** Time:	**DINNER** Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK *Time:*	**MIDDAY SNACK** Time:	**NIGHTTIME SNACK** Time:
Snack:		
Bowel movements (number & consistency) :	**Hours of sleep:**	**Quality of sleep:** (good) 1 2 3 4 5 (poor)

Day 3—Date:

BREAKFAST Time:	**LUNCH** Time:	**DINNER** Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	**MIDDAY SNACK** Time:	**NIGHTTIME SNACK** Time:
Snack:		
Bowel movements (number & consistency) :	**Hours of sleep:**	**Quality of sleep:** (good) 1 2 3 4 5 (poor)

Notes:

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Day 4—Date:

BREAKFAST Time:	**LUNCH** Time:	**DINNER** Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	**MIDDAY SNACK** Time:	**NIGHTTIME SNACK** Time:
Snack:		
Bowel movements (number & consistency) :	**Hours of sleep:**	**Quality of sleep:** (good) 1 2 3 4 5 (poor)

Day 5—Date:

BREAKFAST Time:	**LUNCH** Time:	**DINNER** Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	**MIDDAY SNACK** Time:	**NIGHTTIME SNACK** Time:
Snack:		
Bowel movements (number & consistency) :	**Hours of sleep:**	**Quality of sleep:** (good) 1 2 3 4 5 (poor)

Day 6—Date:

BREAKFAST Time:	**LUNCH** Time:	**DINNER** Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	**MIDDAY SNACK** Time:	**NIGHTTIME SNACK** Time:
Snack:		
Bowel movements (number & consistency) :	**Hours of sleep:**	**Quality of sleep:** (good) 1 2 3 4 5 (poor)

Day 7—Date:

BREAKFAST Time:	**LUNCH** Time:	**DINNER** Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	**MIDDAY SNACK** Time:	**NIGHTTIME SNACK** Time:
Snack:		
Bowel movements (number & consistency) :	**Hours of sleep:**	**Quality of sleep:** (good) 1 2 3 4 5 (poor)