



FOOD INTAKE LOG

NAME:

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Please record everything that passes through your mouth for seven days. This includes food, vitamins, liquid, herbs etc. We are not going to fuss at you, we just want to know what your diet looks like. If we need to add certain nutrients to it, we will know where. Thank you for taking time to be as thorough as possible – for example, instead of saying “cheese” say what kind of cheese.

	FOOD DESCRIPTION	SERVING SIZE	TIME OF DAY	HUNGER LEVEL
BREAKFAST				
SNACK				
LUNCH				
SNACK				
DINNER				
SNACK				

WATER INTAKE (OUNCES)