

Daily Record of Food Intake-Your Diet May be the Key to Better Health.

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

NAME: _____

Day 1 Date: _____

Blood Sugar Before Breakfast: _____ Blood Sugar Before Lunch: _____ Blood Sugar Before Bed: _____

BREAKFAST time: _____ **LUNCH** time: _____ **DINNER** time: _____

Meat & Dairy

Meat & Dairy

Meat & Dairy

Vegetables & Fruits

Vegetables & Fruits

Vegetables & Fruits

Breads, Cereals & Grains

Breads, Cereals & Grains

Breads, Cereals & Grains

Butter (Margarine oils, etc.)

Butter (Margarine oils, etc.)

Butter (Margarine oils, etc.)

Candy, Sweets and Junk Food

Candy, Sweets and Junk Food

Candy, Sweets and Junk Food

Water Intake oz.

Water Intake oz.

Water Intake oz.

Other Drinks

Other Drinks

Other Drinks

MID-MORNING SNACK time: _____ **MID-DAY SNACK** time: _____ **NIGHT TIME SNACK** time: _____

Snack _____ Snack _____ Snack _____

BOWEL MOVEMENTS PER DAY: _____ **HOURS OF SLEEP:** _____ **QUALITY OF SLEEP:** _____

NOTES: