

Food Intake Record

Please record all of the food or drink taken the next few days. **Include all beverages and extra food items such as water, toppings, condiments, margarine, butter or mayonnaise.** At the bottom of each page indicate the amount of physical activity you had each day. You may use the extra columns to the right to record feelings of hunger, physical activity, heart rate, or any stomach problems.

Example Intake Record

Time	Describe the Food or Drink Taken	Amount	Portion/ Measure	Activity/Heart Rate	
8:00	Breakfast eggs, boiled orange juice, unsweetened whole wheat toast	2 ½ 2	large cup slices	Housework 15 minutes	
10:00	Mid-Morning coffee(decaf) donut (honey dip)	1 1	cup large		
12:00	Lunch/Dinner sandwich -tuna, water packed -whole wheat bread -mayonnaise, regular or lite -margarine, brand name -lettuce, romaine 2% milk	½ 2 1 1 1 1	cup slices tsp tsp leaf cup		
3:00	Mid-Afternoon hot chocolate, herseys	1	cup	Cycle 30 minutes 140 bpm	
6:00	Supper/Dinner barbecued chicken breast (no skin) barbecued potato carrots (cooked) 2% milk Apple	3 1 ½ 1 1	ounces medium sized cup cup medium		
9:00	Evening sweet white wine crackers (soda) cheese (cheddar)	4 8 2	ounces crackers ounces	Walk 45 minutes 110 bpm	

Date: _____ Day of the Week: _____

Time	Describe the Food or Drink Taken	Amount	Portion/Measure	Activity/ Heart Rate	
	Breakfast				
	Mid-Morning				
	Lunch/Dinner				
	Mid-Afternoon				
	Supper/Dinner				
	Evening				

Date: _____ Day of the Week: _____

Time	Describe the Food or Drink Taken	Amount	Portion/Measure	Activity/ Heart Rate	
	Breakfast				
	Mid-Morning				
	Lunch/Dinner				
	Mid-Afternoon				
	Supper/Dinner				
	Evening				

Date: _____ Day of the Week: _____

Time	Describe the Food or Drink Taken	Amount	Portion/Measure	Activity/ Heart Rate	
	Breakfast				
	Mid-Morning				
	Lunch/Dinner				
	Mid-Afternoon				
	Supper/Dinner				
	Evening				