

FOOD RECORD FOR THREE CONSECUTIVE DAYS



Name: _____

Date: _____ / _____ / _____ **M T W Th F Sa S**

| Time | Place: Home/Work/ Restaurant | Food/Beverage description: Include brand name and label of food items | Weight in ounces | Fluids in ounces | Number of cups | Level tablespoon (tbsp) | Level teaspoon(tsp) | Other description |
|------|------------------------------------|--|------------------------|------------------------|-------------------|-------------------------------|----------------------------|----------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |