

Food Record

Name: _____ Date: _____

Provide the following information for 3 days.

Please list all the foods and beverages and be specific about name brands, etc.

Eating and /or drinking occasion considered: breakfast, lunch, dinner or snack	Location	Time		Hunger Rating		Complete Description of Food and Beverages:	
		Start	Finish	Start	Finish	Amount	Food or Beverage
Ex: Breakfast	Home	9 am	9:20	2	5	8 oz.	Orange Juice
						8 oz.	2% Milk
						1 cup	Honey Nut Cheerios

