

Typical Daily Food Intake

Name: _____ Date: _____

Please list what you eat in a typical day. Be sure to include an approximate amount of each item.

Breakfast

- Meat & Dairy _____
- Vegetables & Fruit _____
- Bread, Cereals, Grains _____
- Fats (butter, oil, etc.) _____
- Candy, Sweets _____
- Water (oz.) _____
- Other drinks _____

Mid-Morning Snack

Lunch

- Meat & Dairy _____
- Vegetables & Fruit _____
- Bread, Cereals, Grains _____
- Fats (butter, oil, etc.) _____
- Candy, Sweets _____
- Water (oz.) _____
- Other drinks _____

Mid-Day Snack

Dinner

- Meat & Dairy _____
- Vegetables & Fruit _____
- Bread, Cereals, Grains _____
- Fats (butter, oil, etc.) _____
- Candy, Sweets _____
- Water (oz.) _____
- Other drinks _____

Nighttime Snack
