



Food and Beverage Record

1. Please use this form to keep a record of everything you eat and drink for 2 to 3 days.
2. This form *does not suggest* that you should eat 3 meals and 3 snacks. The form is designed for you to write down your food and drink pattern *only*
3. Please include the description and amount or portion of the food and/or beverage item.

Date / Day of the Week	Breakfast		Snack		Lunch		Snack		Dinner		Snack	
	Food or Beverage	Amount	Food or Beverage	Amount	Food or Beverage	Amount	Food or Beverage	Amount	Food or Beverage	Amount	Food or Beverage	Amount