Dietary Intake Record

First Name: _____ Last Name: _____ Date:_____

Complete this form as accurately as possible, using the examples as a guide. Use only one form per day. Do not put anything on this form that pertains to another day. Record all foods and beverages, including water, you consumed from the time you woke up to the time you went to bed.

Time	Food/Drink	Type	Preparation	Amount
8:00 am	Oatmeal	Steel	Instant	One cup