Daily Food Record

LifeArts – Howard Chiropractic, PC

Name: ______________________________ Date: ______________

- Complete this form as accurately as possible, using the examples as a guide.
- Use only one form per day.
- Record all foods and beverages, including water, you consumed from the time you wake up to the time you go to bed.

TIME	FOOD / DRINK	TYPE	PREPARATION	AMOUNT
8:00 a.m.	Bagel	Cinnamon raisin	Toasted	Half
8:00 a.m.	Milk	1% fat	Fresh	8 ounces
Noon	Chicken	Leg and thigh	Fried	1 each