

Dietary Intake Tracker

Name: _____

Reference Record #: _____

Tel: (home) _____ (Mobile) _____

Date of Birth: _____ Gender: ☐ Male ☐ Female

Food Consumed			
	Less than once a week	Once a week or more	Daily
Milk			
Yogurt			
Cheese			
Beef/red meat			
Poultry			
Fish			
Eggs			
Beans			
Nuts/nut butters			
Bread			
Cereal			
Potatoes			
Pasta, rice, other grains			
Fruits			
Vegetables			
Margarine, butter, oils			
Dressings/dips			
Desserts			
Coffee			
Tea			
Soda			
Beer/wine			
Hard alcohol			
Other			

Eating pattern & Quantity				
Time	Meal	Food	Quantity	Notes
	Breakfast			
	Snack			
	Lunch			
	Snack			
	Dinner			