## **Detailed Food Intake Record** Name: \_\_\_\_\_ Reference Record #: Tel: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Gender: Male Female Breakfast Place Time Food/Beverage Describe how prepared; additional ingredients Amount Yogurt/other dairy Fruit fresh canned other Cereal cold/dry oatmeal, grits with milk Bread butter or substitute white or whole grain Meat Eggs Beverage coffee juice

milk

Lunch	Place	Time
Food/Beverage	Describe how prepared; additional ingredients	Amount
Salad/dressing		
Bread		
Protein     meat/fish     egg     other		
Vegetables		
Soup		
Fruit  fresh  canned smoothie		
Yogurt / other dairy		
Beverage     milk     juice     soda/other		
Dessert		
Misc/Snacks		

Dinner	Place	Time
Food/Beverage	Describe how prepared; additional ingredients	Amount
Main Dish		
Vegetables		
Salad/dressing		
Bread or rolls		
Fruit  fresh  canned		
Beverage     milk     juice     soda/other		
Dessert		
Misc/snacks		