

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Day of the Week: \_\_\_\_\_

Please record one day of your food and beverage intake using the spaces below.

<b>Time &amp; Location</b> (home, car, work, restaurant, etc)	<b>Food / Beverage Description</b>	<b>Amount</b>	<b>Reason for intake</b> (hunger, social event, stress, emotions, etc)

How would you rate your dietary intake for this day? (circle) Poor Average Good