

Typical Day Food Intake for _____ Date _____

Food Type	How Much? Raw, Baked, Boiled, Grilled, Fried or Microwaved?
Breakfast TIME?	
Supplements (name & dosage)?	
What percentage of your food is organically grown?	
Snack TIME?	
Lunch TIME?	
Supplements (name & dosage)?	
Please include dressings, gravies, sauces, condiments also.	
Snack TIME?	
Dinner TIME?	
Supplements (name & dosage)?	
Please include any gum, mints, or candy.	
Snack TIME?	

Fluids
List all and how much

Exercise

List your five favorite foods that you eat at least 3 times a week.

