

# Natural Health Center

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*Please Print Clearly*

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Name

## Daily Record of Food Intake / Your diet may be the key to better health

Each day, record all the items you eat and drink. Be sure to include the approximate amount of each item. When you have completed this form, return it on your next visit so we may evaluate.

**Day 1 – Date:**

**BREAKFAST Time:**

**LUNCH Time:**

**DINNER Time:**

Meat & Dairy:			
Vegetables & Fruits:			
Breads, Cereals, & Grains			
Fats (butter, margarine, oils, etc.)			
Candy, Sweets & Junk Food			
Water Intake (fl.oz.)			
Other Drinks:			

**Mid-Morning Snack Time:**

**Mid-Day Snack Time:**

**Nighttime Snack Time**

Snack:			
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Bowel Movements(# and consistency)

Hours of Sleep

Quality of Sleep (good) 1 2 3 4 5 (poor)

**Day 2 – Date:**

**BREAKFAST Time:**

**LUNCH Time:**

**DINNER Time:**

Meat & Dairy:			
Vegetables & Fruits:			
Breads, Cereals, & Grains			
Fats (butter, margarine, oils, etc.)			
Candy, Sweets & Junk Food			
Water Intake (fl.oz.)			
Other Drinks:			

**Mid-Morning Snack Time:**

**Mid-Day Snack Time:**

**Nighttime Snack Time**

Snack:			
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Bowel Movements(# and consistency)

Hours of Sleep

Quality of Sleep (good) 1 2 3 4 5 (poor)

**Day 3 – Date:**

**BREAKFAST Time:**

**LUNCH Time:**

**DINNER Time:**

Meat & Dairy:			
Vegetables & Fruits:			
Breads, Cereals, & Grains			
Fats (butter, margarine, oils, etc.)			
Candy, Sweets & Junk Food			
Water Intake (fl.oz.)			
Other Drinks:			

**Mid-Morning Snack Time:**

**Mid-Day Snack Time:**

**Nighttime Snack Time**

Snack:			
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Bowel Movements(# and consistency)

Hours of Sleep

Quality of Sleep (good) 1 2 3 4 5 (poor)

<b>Day 4 – Date:</b>	<b>BREAKFAST Time:</b>	<b>LUNCH Time:</b>	<b>DINNER Time:</b>
<i>Meat &amp; Dairy:</i>			
<i>Vegetables &amp; Fruits:</i>			
<i>Breads, Cereals, &amp; Grains</i>			
<i>Fats (butter, margarine, oils, etc.</i>			
<i>Candy, Sweets &amp; Junk Food</i>			
<i>Water Intake (fl.oz.)</i>			
<i>Other Drinks:</i>			
	<b>Mid-Morning Snack Time:</b>	<b>Mid-Day Snack Time:</b>	<b>Nighttime Snack Time</b>
<i>Snack:</i>			
<i>Bowel Movements(# and consistency)</i>	<i>Hours of Sleep</i>		<i>Quality of Sleep (good) 1 2 3 4 5 (poor)</i>

<b>Day 5 – Date:</b>	<b>BREAKFAST Time:</b>	<b>LUNCH Time:</b>	<b>DINNER Time:</b>
<i>Meat &amp; Dairy:</i>			
<i>Vegetables &amp; Fruits:</i>			
<i>Breads, Cereals, &amp; Grains</i>			
<i>Fats (butter, margarine, oils, etc.</i>			
<i>Candy, Sweets &amp; Junk Food</i>			
<i>Water Intake (fl.oz.)</i>			
<i>Other Drinks:</i>			
	<b>Mid-Morning Snack Time:</b>	<b>Mid-Day Snack Time:</b>	<b>Nighttime Snack Time</b>
<i>Snack:</i>			
<i>Bowel Movements(# and consistency)</i>	<i>Hours of Sleep</i>		<i>Quality of Sleep (good) 1 2 3 4 5 (poor)</i>

<b>Day 6 – Date:</b>	<b>BREAKFAST Time:</b>	<b>LUNCH Time:</b>	<b>DINNER Time:</b>
<i>Meat &amp; Dairy:</i>			
<i>Vegetables &amp; Fruits:</i>			
<i>Breads, Cereals, &amp; Grains</i>			
<i>Fats (butter, margarine, oils, etc.</i>			
<i>Candy, Sweets &amp; Junk Food</i>			
<i>Water Intake (fl.oz.)</i>			
<i>Other Drinks:</i>			
	<b>Mid-Morning Snack Time:</b>	<b>Mid-Day Snack Time:</b>	<b>Nighttime Snack Time</b>
<i>Snack:</i>			
<i>Bowel Movements(# and consistency)</i>	<i>Hours of Sleep</i>		<i>Quality of Sleep (good) 1 2 3 4 5 (poor)</i>

<b>Day 7 – Date:</b>	<b>BREAKFAST Time:</b>	<b>LUNCH Time:</b>	<b>DINNER Time:</b>
<i>Meat &amp; Dairy:</i>			
<i>Vegetables &amp; Fruits:</i>			
<i>Breads, Cereals, &amp; Grains</i>			
<i>Fats (butter, margarine, oils, etc.</i>			
<i>Candy, Sweets &amp; Junk Food</i>			
<i>Water Intake (fl.oz.)</i>			
<i>Other Drinks:</i>			
	<b>Mid-Morning Snack Time:</b>	<b>Mid-Day Snack Time:</b>	<b>Nighttime Snack Time</b>
<i>Snack:</i>			
<i>Bowel Movements(# and consistency)</i>	<i>Hours of Sleep</i>		<i>Quality of Sleep (good) 1 2 3 4 5 (poor)</i>