

**Qualcomm Health Center
Food Intake Record**

Instructions:

- 1) Please record all foods and drinks throughout the day *as you* eat/drink them.
- 2) Be sure to be as specific as possible including Brand Names, and exact amounts.
- 3) Break down complex foods into their separate parts. (ie. sandwich: 2 slices whole wheat bread, 2 oz. turkey, 1 oz. Provolone, 1 tsp. mustard, 3 lettuce leaves)
- 4) Specify whether the food eaten was a meal using "M" or snack with an "S"
- 5) Please keep your food records for 3 days, including one weekend day and two weekdays.
- 6) Eating in the usual manner you do, and recording this will ensure an accurate analysis.
- 7) Bring your completed Food Record in for your initial nutrition appointment with Debbie Simon, Qualcomm Nutritionist.

Name: _____ Date: _____ Day of Week: _____
Initial Appointment Date Scheduled: _____

Time	Food/Beverage	Amount	Meal(M)/Snack(S)
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Name: _____ Date: _____ Day of Week: _____
Initial Appointment Date Scheduled: _____

Time **Food/Beverage** **Amount** **Meal(M)/Snack(S)**

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Time **Food/Beverage** **Amount** **Meal(M)/Snack(S)**