



# Dr Eric Snow DC

Chiropractic & Nutrition

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## Daily Record of Food Intake

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 to our office for evaluation.

Name: \_\_\_\_\_

**DAY ONE** DATE: \_\_\_\_\_

**Breakfast** (time: )

Meat & Dairy \_\_\_\_\_

Vegetables & Fruit \_\_\_\_\_

Breads, Cereals, Grains \_\_\_\_\_

Fats (Butter, Oils, etc) \_\_\_\_\_

Candy, Sweets, Junkfood \_\_\_\_\_

Water Intake \_\_\_\_\_

Other Drinks \_\_\_\_\_

**Mid-Morning Snack** (time: )

Snack \_\_\_\_\_

**Bowel Movements** (# and type): \_\_\_\_\_

**Lunch** (time: )

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**Mid-Day Snack** (time: )

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**Hours of Sleep:** \_\_\_\_\_

**Dinner** (time: )

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**Nighttime Snack** (time: )

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**Quality of Sleep:**:(best)1 2 3(poor) \_\_\_\_\_

**DAY TWO** DATE: \_\_\_\_\_

**Breakfast** (time: )

Meat & Dairy \_\_\_\_\_

Vegetables & Fruit \_\_\_\_\_

Breads, Cereals, Grains \_\_\_\_\_

Fats (Butter, Oils, etc) \_\_\_\_\_

Candy, Sweets, Junkfood \_\_\_\_\_

Water Intake \_\_\_\_\_

Other Drinks \_\_\_\_\_

**Mid-Morning Snack** (time: )

Snack \_\_\_\_\_

**Bowel Movements** (# and type): \_\_\_\_\_

**Lunch** (time: )

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**Mid-Day Snack** (time: )

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**Hours of Sleep:** \_\_\_\_\_

**Dinner** (time: )

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**Nighttime Snack** (time: )

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**Quality of Sleep:**:(best)1 2 3(poor) \_\_\_\_\_

**DAY THREE** DATE: \_\_\_\_\_

**Breakfast** (time: )

Meat & Dairy \_\_\_\_\_

Vegetables & Fruit \_\_\_\_\_

Breads, Cereals, Grains \_\_\_\_\_

Fats (Butter, Oils, etc) \_\_\_\_\_

Candy, Sweets, Junkfood \_\_\_\_\_

Water Intake \_\_\_\_\_

Other Drinks \_\_\_\_\_

**Mid-Morning Snack** (time: )

Snack \_\_\_\_\_

**Bowel Movements** (# and type): \_\_\_\_\_

**Lunch** (time: )

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**Mid-Day Snack** (time: )

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**Hours of Sleep:** \_\_\_\_\_

**Dinner** (time: )

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**Nighttime Snack** (time: )

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**Quality of Sleep:**:(best)1 2 3(poor) \_\_\_\_\_

**DAY FOUR** DATE: \_\_\_\_\_

**Breakfast** (time: \_\_\_\_\_ )

Meat & Dairy \_\_\_\_\_

Vegetables & Fruit \_\_\_\_\_

Breads, Cereals, Grains \_\_\_\_\_

Fats (Butter, Oils, etc) \_\_\_\_\_

Candy, Sweets, Junkfood \_\_\_\_\_

Water Intake \_\_\_\_\_

Other Drinks \_\_\_\_\_

**Mid-Morning Snack** (time: \_\_\_\_\_ )

Snack \_\_\_\_\_

**Bowel Movements** (# and type): \_\_\_\_\_

**Lunch** (time: \_\_\_\_\_ )

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**Mid-Day Snack** (time: \_\_\_\_\_ )

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**Hours of Sleep:** \_\_\_\_\_

**Dinner** (time: \_\_\_\_\_ )

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**Nighttime Snack** (time: \_\_\_\_\_ )

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**Quality of Sleep:**:(best)1 2 3(poor)

**DAY FIVE** DATE: \_\_\_\_\_

**Breakfast** (time: \_\_\_\_\_ )

Meat & Dairy \_\_\_\_\_

Vegetables & Fruit \_\_\_\_\_

Breads, Cereals, Grains \_\_\_\_\_

Fats (Butter, Oils, etc) \_\_\_\_\_

Candy, Sweets, Junkfood \_\_\_\_\_

Water Intake \_\_\_\_\_

Other Drinks \_\_\_\_\_

**Mid-Morning Snack** (time: \_\_\_\_\_ )

Snack \_\_\_\_\_

**Bowel Movements** (# and type): \_\_\_\_\_

**Lunch** (time: \_\_\_\_\_ )

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**Mid-Day Snack** (time: \_\_\_\_\_ )

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**Hours of Sleep:** \_\_\_\_\_

**Dinner** (time: \_\_\_\_\_ )

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**Nighttime Snack** (time: \_\_\_\_\_ )

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**Quality of Sleep:**:(best)1 2 3(poor)

**DAY SIX** DATE: \_\_\_\_\_

**Breakfast** (time: \_\_\_\_\_ )

Meat & Dairy \_\_\_\_\_

Vegetables & Fruit \_\_\_\_\_

Breads, Cereals, Grains \_\_\_\_\_

Fats (Butter, Oils, etc) \_\_\_\_\_

Candy, Sweets, Junkfood \_\_\_\_\_

Water Intake \_\_\_\_\_

Other Drinks \_\_\_\_\_

**Mid-Morning Snack** (time: \_\_\_\_\_ )

Snack \_\_\_\_\_

**Bowel Movements** (# and type): \_\_\_\_\_

**Lunch** (time: \_\_\_\_\_ )

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**Mid-Day Snack** (time: \_\_\_\_\_ )

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**Hours of Sleep:** \_\_\_\_\_

**Dinner** (time: \_\_\_\_\_ )

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**Nighttime Snack** (time: \_\_\_\_\_ )

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**Quality of Sleep:**:(best)1 2 3(poor)

**DAY SEVEN** DATE: \_\_\_\_\_

**Breakfast** (time: \_\_\_\_\_ )

Meat & Dairy \_\_\_\_\_

Vegetables & Fruit \_\_\_\_\_

Breads, Cereals, Grains \_\_\_\_\_

Fats (Butter, Oils, etc) \_\_\_\_\_

Candy, Sweets, Junkfood \_\_\_\_\_

Water Intake \_\_\_\_\_

Other Drinks \_\_\_\_\_

**Mid-Morning Snack** (time: \_\_\_\_\_ )

Snack \_\_\_\_\_

**Bowel Movements** (# and type): \_\_\_\_\_

**Lunch** (time: \_\_\_\_\_ )

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**Mid-Day Snack** (time: \_\_\_\_\_ )

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**Hours of Sleep:** \_\_\_\_\_

**Dinner** (time: \_\_\_\_\_ )

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**Nighttime Snack** (time: \_\_\_\_\_ )

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**Quality of Sleep:**:(best)1 2 3(poor)