

## HEALTHY HAPPY EATING

## **Food Record**



Na	me: Date:				
•	Complete this form as accurately as possible, using the examples as a guide.				
•	Use only one form per day. Do not put anything on this form that pertains to another day.				
•	Record all foods and beverages, including water, you consumed from the time you woke up to the time you				
	went to bed.				

TIME	FOOD / DRINK	TYPE	PREPARATION	AMOUNT
8:00 a.m.	Bagel	Cinnamon Raisin	Toasted	one half
8:00 a.m.	Milk	1% fat	Fresh	8 ounces
NOON	Chicken	leg and thigh	Fried	1 each