

FOOD RECORD

Name: _____ Date: _____

Time	Food Items	Portion Size	Food Items	Portion Size	Food Items	Portion Size	Food Items	Portion Size
9:00 pm								
10:00 pm								
11:00 pm								
12: 00 am								
1:00 am								
2:00 am								
3:00 am								

Please answer the following questions:

1. How many times per week do you eat out? (Please circle) 1 2 3 4 5 6 7
2. Please write down all the foods that you cannot tolerate?