

One-Day Food Record

Name _____ Date _____

**Write down everything you had to eat on a typical day.
Include all meals and snacks and the amount eaten.**

Time	Food and Beverages	Amount	Method of Preparation	Do not Write in this Space
Breakfast				
Snack				
Lunch				
Snack				
Evening Meal				
Snack				
Other				

Activity or
Exercise: _____
Duration: _____

Source: Adapted with permission from: Rickheim P, Flader J, Carstensen KM. *Type 2 Diabetes BASICS*. Minneapolis MN: IDC Publishing; 2000.