WEEK DAY

FOOD RECORD FORM

STUDY ID: _____ Age: _____ DATE OF INTAKE:_____

Time	Meal	Location	Food/Drink	Amount	Description (Brand Name, Preparation, Additions, etc.)

Vitamin/Minerals Supplements (Brand, Dosage, Frequency)

_____

_____

WOULD YOU SAY THIS WAS ☐ **A TYPICAL DAY** ☐ **A LOT LESS THAN NORMAL, OR** ☐ **A LOT MORE THAN NORMAL?**

WEEK DAY

FOOD RECORD FORM

STUDY ID: _____ Age: _____ DATE OF INTAKE:_____

Time	Meal	Location	Food/Drink	Amount	Description (Brand Name, Preparation, Additions, etc.)

Vitamin/Minerals Supplements (Brand, Dosage, Frequency)

_____

_____

WOULD YOU SAY THIS WAS ☐ **A TYPICAL DAY** ☐ **A LOT LESS THAN NORMAL, OR** ☐ **A LOT MORE THAN NORMAL?**

WEEKEND DAY

FOOD RECORD FORM

STUDY ID: _____ Age: _____ DATE OF INTAKE:_____

Time	Meal	Location	Food/Drink	Amount	Description (Brand Name, Preparation, Additions, etc.)

Vitamin/Minerals Supplements (Brand, Dosage, Frequency)

_____

_____

WOULD YOU SAY THIS WAS ☐ **A TYPICAL DAY** ☐ **A LOT LESS THAN NORMAL, OR** ☐ **A LOT MORE THAN NORMA**