

DAILY RECORD OF FOOD INTAKE // DR. MICHAEL TERE0 // www.DrTereo.com

NAME: _____ **DATE:** _____

During the initial weeks of your nutritional program we want to discover your usual consumption and eliminative patterns. Please do not change anything in your diet during this initial phase. Eat with gusto all the food and beverages you normally consume.

Keep the Daily Record of Food Intake form with you each day and write down what you are consuming as you consume it. This goes for beverages as well. For now we simply want to get a snapshot of your dietary intake. Be sure to track bowel movements by frequency, color and texture if not like thick brown toothpaste. Finally, please track sleep. If you like, on the left margin next to each day list exercise. For example: walked 10 minutes, lifted weights 30 minutes, etc.

DATE: _____	DAILY BEVERAGES: (coffee, tea, water, Red Bull, Gatorade , beer, wine, etc.)	
BREAKFAST	LUNCH	DINNER
MID-MORNING SNACK	MID-DAY SNACK	NIGHTTIME SNACK
BOWEL MOVEMENTS	HOURS OF SLEEP:	QUALITY OF SLEEP: GOOD TROUBLE FALLING STAYING ASLEEP
DATE: _____	DAILY BEVERAGES: (coffee, tea, water, Red Bull, Gatorade , beer, wine, etc.)	
BREAKFAST	LUNCH	DINNER
MID-MORNING SNACK	MID-DAY SNACK	NIGHTTIME SNACK
BOWEL MOVEMENTS	HOURS OF SLEEP:	QUALITY OF SLEEP: GOOD TROUBLE FALLING STAYING ASLEEP
DATE: _____	DAILY BEVERAGES: (coffee, tea, water, Red Bull, Gatorade , beer, wine, etc.)	
BREAKFAST	LUNCH	DINNER
MID-MORNING SNACK	MID-DAY SNACK	NIGHTTIME SNACK
BOWEL MOVEMENTS	HOURS OF SLEEP:	QUALITY OF SLEEP: GOOD TROUBLE FALLING STAYING ASLEEP

DATE: _____	DAILY BEVERAGES: (coffee, tea, water, Red Bull, Gatorade , beer, wine, etc.)	
BREAKFAST	LUNCH	DINNER
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BOWEL MOVEMENTS	HOURS OF SLEEP:	QUALITY OF SLEEP: GOOD TROUBLE FALLING STAYING ASLEEP
DATE: _____	DAILY BEVERAGES: (coffee, tea, water, Red Bull, Gatorade , beer, wine, etc.)	
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