

DIETARY RECORD

NAME: _____ DATE: _____

AGE: _____ GENDER: M F HEIGHT: _____ WEIGHT: _____

ACTIVITY LEVEL: sedentary / moderate / active

1. Please complete the Dietary Record below and record everything you eat or drink (including water) for three typical days.

2. Include meals, alcohol, snacks, candies, gum, and soft drinks. Use household measurements such as: 1/2 cup, 1 teaspoon, etc. For example, 1 cup cream of tomato soup; 1 cup coffee with milk and 2 tsp sugar; 2 slices of roast chicken, 1 scoop ice cream, 1/2 cup corn, 1 glass of milk, etc.

3. List here any vitamins (or brands), supplements and herbs (or herbal remedies) that you take.

4. How often do you take them? _____

Circle any foods you feel give or contribute to a breath concern.

DAY	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	EVENING
1						
2						
3						