

TWO-DAY FOOD HISTORY



Please record amount of food and what you have eaten for the past two days.

BREAKFAST _____

BREAKFAST _____

SNACK _____

SNACK _____

LUNCH _____

LUNCH _____

SNACK _____

SNACK _____

DINNER _____

DINNER _____

**BEDTIME
SNACK** _____

**BEDTIME
SNACK** _____

* If you do not eat snacks or skip meals just note that.