Food Inventory Form

- Please record everything you eat and drink for 3 days: include at least one typical week-day and one week-end day.
- This will be most accurate if you fill it in at every meal, don't wait until the end of the day.
- Please use one line for each food that you eat.
- Estimate portion sizes as closely as you can.
- Use food labels for more information, if available.

Day/Time:	Food:	Amount:	Notes/Comments:

Jan Kincaid Rystrom, MEd, RD, CDE
PO Box 31163 | Bellingham, WA 98228-3163
Phone (360) 734-2612 |FAX (360) 656-5835
www.mixingbowlstudio.com

Day/Time:	Food:	Amount:	Notes/Comments:

Jan Kincaid Rystrom, MEd, RD, CDE
PO Box 31163 | Bellingham, WA 98228-3163
Phone (360) 734-2612 |FAX (360) 656-5835
www.mixingbowlstudio.com