Nutrition 101

Name:______________________________________Date:_____________________

Typical Day

- Complete this form as accurately as possible, using the examples as a guide.
- Keep one day of how you typically eat.
- Record all foods and beverages, including water, you consumed form the time you wake up to the time you go to bed.

Time	**Food/Drink**	**Type**	**Preparation**	**Amount**
8:00 am	Bagel	Cinn Raisin	Toasted	Half
8:00 am	Milk	1% fat	Fresh	8 fluid oz
Noon	Chicken	Leg and Thigh	Fried	1 each