

# FOOD INTAKE RECORD

Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>EARLY AM SNACK</b>	% Eaten																															
FLUID/SUPPLEMENT	% Intake																															
CODE																																
<b>BREAKFAST</b>	% Eaten																															
FLUID	% Intake																															
CODE																																
<b>AM SNACK</b>	% Eaten																															
FLUID/SUPPLEMENT	% Intake																															
CODE																																
<b>LUNCH</b>	% Eaten																															
FLUID	% Intake																															
CODE																																
<b>PM SNACK</b>	% Eaten																															
FLUID/SUPPLEMENT	% Intake																															
CODE																																
<b>SUPPER</b>	% Eaten																															
FLUID	% Intake																															
CODE																																
<b>HS SNACK</b>	% Eaten																															
FLUID/SUPPLEMENT	% Intake																															
CODE																																

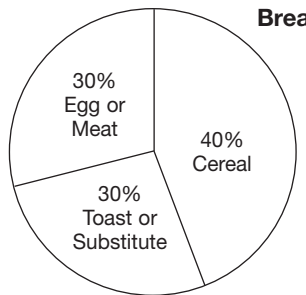
Room/Bed: \_\_\_\_\_  
 Record No.: \_\_\_\_\_  
 Attending Physician: \_\_\_\_\_  
 Middle: \_\_\_\_\_  
 First: \_\_\_\_\_  
 NAME-Last

**INSTRUCTIONS:** Enter percent (%) eaten and % fluid intake at each meal or snack. Code supplement when given and enter % of intake.

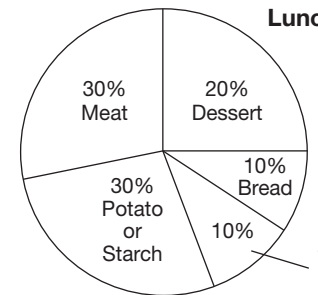
Code each meal/snack:

- O** = Offered and % consumed
- R** = Refused
- N** = Not offered
- A** = Alternate offered
- L** = Out of Facility

**MEAL CONSUMPTION GUIDE (%)**



**Breakfast**



**Lunch/Supper**

TABLE NO.	DIET	TEXTURE	FOOD ALLERGIES
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