

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						

CARTER'S FOOD AND BEVERAGE INTAKE

Day of Week Taken: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun

Meal	What Did You Eat	Amount	Time of Day	Where	Activity While Eating	Mood While Eating
<i>Example:</i>	<i>Eggs oil</i>	<i>2 med. 1 tbs.</i>	<i>7:30 a.m.</i>	<i>Den, Dinette</i>	<i>Talking with family, watching television</i>	<i>Tired, happy, depressed</i>
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						
Any Other Time						