

# DAILY NUTRITIONAL INTAKE

House: \_\_\_\_\_

Date: \_\_\_\_\_

Individual: \_\_\_\_\_

\*Note if food or fluid has been refused (R) in None column

MEALS	NONE	1/4	1/2	3/4	ALL	AMOUNT OF SPILLAGE	STAFF INITIAL
<u>Breakfast</u>							
Meat, Eggs, Cheese							
Cereal							
Bread							
Fats (bacon, margarine)							
Fruit and/or Juice							
Water							
Other							
Mid-AM Snack							
<u>Lunch</u>							
Meat, Fish, Eggs, Cheese							
Bread or Starch							
Fats (margarine, gravy)							
Vegetable							
Fruit and/or Juice							
Milk (whole or skim)							
Water							
Other							
Mid-PM Snack							
<u>Dinner</u>							
Meat, Fish, Eggs, Cheese							
Bread or Starch							
Fats (margarine, gravy)							
Vegetable							
Fruit and/or Juice							
Milk (whole or skim)							
Water							
Other							
Bedtime Snack							
% Totals							

# DAILY NUTRITIONAL INTAKE

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Date: \_\_\_\_\_

Individual: \_\_\_\_\_

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Cereal							
Bread							
Fats (bacon, margarine)							
Fruit and/or Juice							
Water							
Other							
Mid-AM Snack							
<u>Lunch</u>							
Meat, Fish, Eggs, Cheese							
Bread or Starch							
Fats (margarine, gravy)							
Vegetable							
Fruit and/or Juice							
Milk (whole or skim)							
Water							
Other							
Mid-PM Snack							
<u>Dinner</u>							
Meat, Fish, Eggs, Cheese							
Bread or Starch							
Fats (margarine, gravy)							
Vegetable							
Fruit and/or Juice							
Milk (whole or skim)							
Water							
Other							
Bedtime Snack							
% Totals							