

Sodium Record

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form to record the sodium content of the foods you eat or drink each day. This record will help you see whether you are getting the prescribed daily amount of sodium in your diet.

Take this record with you when you visit your health professional.

My doctor recommends that I have _____ milligrams (or _____ grams) of sodium in my diet each day.

Meal	Foods and beverages consumed during the meal	Total milligrams (or grams) of sodium in each meal
Breakfast		
Snack		
Lunch		
Snack		
Dinner		