

FOOD JOURNAL

DATE: _____

BREAKFAST

FOODS: _____

BEVERAGES: _____

SNACKS: _____

LUNCH

FOODS: _____

BEVERAGES: _____

SNACKS: _____

DINNER

FOODS: _____

BEVERAGES: _____

SNACKS / DESSERT: _____

*NOTE: **Record ALL food and drink that you consume.** Estimate amounts.
Include condiments, sweeteners, dressings, gravy, toppings, fried or baked, etc.