








FOOD JOURNAL

NAME: _____

Please indicate amounts (eg. 1 cup of ... 2 slices of...)

DATE OF VISIT: _____

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---------------------------------------|---|---|---|---|---|---|---|
| DATE | | | | | | | |
| BREAKFAST | | | | | | | |
| LUNCH | | | | | | | |
| DINNER | | | | | | | |
| SNACKS | | | | | | | |
| GLASSES OF WATER/FLUIDS (250 mL/8 oz) |  |  |  |  |  |  |  |
| MOOD Describe how you were feeling | | | | | | | |
| COMMENTS | | | | | | | |