DAILY FOOD JOURNAL

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY (CIRCLE THE DAY ABOVE)

TIME	QTY	AMOUNT	FOOD & METHOD OF PREP		
8AM	1	MEDIUM SLICE	HAM SANDWICH W/ 2 SLICES WHITE BREAD		
			W/ LETTUCE TOMATO AND MAYO (2 TBS)		
1130AM	1	40Z	FRIED CHICKEN BREAST		
			W/ WHITE BUN AND OLIVE OIL (2 TBS) AND LETTUCE TOMATO		
		1.5 CUPS	BROCCOLI W/ BUTTER(1 TSP)		
SNACK					
1PM	1	CUP/PACKAGE	VANILLA GREEK YOGURT		

Be descriptive when it comes to this daily food journal. Report only the food portion that was eaten. Record amounts in household measures. Include method that was used to prepare food item-for example: fresh, frozen, stewed, fried, baked, canned, broiled, raw or braised. For canned foods, include the liquid in which it was canned---for example: sliced peaches in heavy syrup, fruit cocktail in light syrup, or tuna in water.

PROTEIN	CARBS	FAT	TOTAL
(Kcal)	(Kcal)	(Kcal)	

BREAKFAST

TIME	QTY	AMOUNT	- 61	FOOD & METHOD OF PREP	
				5	
SNACK	•				
		20		6 2	

INTAKE (FL. OZ) WATER

Date: ___

OTHER DRINKS: PROTEIN CARBS FAT TOTAL (Kcal) (Kcal) (Kcal)

LUNCH

TIME	QTY	AMOUNT	FOOD & METHOD OF PREP	
SNACK				

WATER INTAKE (FL. OZ)

OTHER DRINKS:

PROTEIN (Kcal)	CARBS (Kcal)	FAT (Kcal)	TOTA L

DINNER

TIME	QTY	AMOUNT	FOOD & METHOD OF PREP	
			A	
	SNAC	K	•	
	•		(FL. C	WATER INTAKE DZ)

OTHER DRINKS:		
How did I do today???	QUALITY OF SLEEP: (GOOD) 1 2 3	4 5 (POOR)
Excellent Great Okay Not Good Very E	Bad Hours of sleep:	_ ` ` `
Bowel Movements (# and consi	istency):	
Comments for the day:		
Any Mood Changes / Symptoms throughout	the day?	

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