

Food Diary

Name: _____

Birth Date: _____

Week of: _____

	Day 1	Day 2	Day 3
Date			
Morning/ Breakfast Foods /Drinks (brand/location, amount (cups, oz., Tbsp.), method of cooking)			
Snack			
Midday/ Lunch Foods/Drinks (brand/location, amount (cups, oz., Tbsp.), method of cooking)			
Snack			
Evening/ Supper Foods/Drinks (brand/location, amount (cups, oz., Tbsp.), method of cooking)			
Snack			

- Include as much information as you can about the food you eat and the drinks you drink (brand, amount eaten, method of cooking, location).