

Food Journal

Date: ____

Meal	Food / Drink	Carbs	Fat	Calories	Total Calories
Breakfast					
Lunch					
Lunch					
Supper					
•					
Snacks					
Total for the Day					

Chec	k R	Ounce	Glasses	of Water	^
CHEC	N O	Ounce	Glasses	UI VVALEI	

Day in Review



How Did I Do Today?

Excellent Great Ok Not Good Very
Circle One Option