



Daily Food Diary

Name: _____

Today's Date: _____

Today Is: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

DRINKS I HAD TODAY

Circle the number of drinks you had today, then check-off what kind of drink each was.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| <input type="checkbox"/> Caffeine <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Water | <input type="checkbox"/> Caffeine <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Water | <input type="checkbox"/> Caffeine <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Water | <input type="checkbox"/> Caffeine <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Water | <input type="checkbox"/> Caffeine <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Water | <input type="checkbox"/> Caffeine <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Water | <input type="checkbox"/> Caffeine <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Water | <input type="checkbox"/> Caffeine <input type="checkbox"/> Milk <input type="checkbox"/> Sugar <input type="checkbox"/> Water |

TODAY I ATE

Write down what you ate for each meal, or check off the kind of food you had at each meal.

| | Bread, Pasta, Rice, Tortillas | Cheese, Eggs, Meat, Tofu | Fruit | Vegetables |
|----------------------|--|-------------------------------------|------------------|-----------------------|
| Breakfast | | | | |
| Lunch | | | | |
| Dinner | | | | |
| Snacks | | | | |

Updated: 04.08.11