

# Daily Food Journal

Name: \_\_\_\_\_

Breakfast: \_\_\_\_\_

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Lunch: \_\_\_\_\_

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Dinner: \_\_\_\_\_

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Snack / Other: \_\_\_\_\_

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Physical Activity: \_\_\_\_\_ # of Minutes: \_\_\_\_\_

Glasses of Water: \_\_\_\_\_ (8 ounces)

Write the number of servings for each food group:

Whole Grains: \_\_\_\_\_

Dairy: \_\_\_\_\_

Vegetables: \_\_\_\_\_

Fruit: \_\_\_\_\_

Protein: \_\_\_\_\_

Fats and Oils: \_\_\_\_\_

Reflections and areas of improvement for tomorrow: \_\_\_\_\_

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