

Food Journal

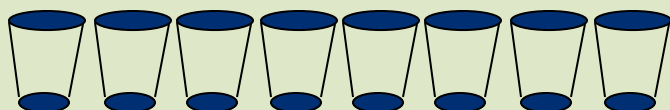
Day One

Date:

Meal	Food / Drink	Time of day	Portion size
Breakfast			
Lunch			
Dinner			
Snacks			

WATER GOAL

Eight – 8 ounce glasses per day
(*check each glass*)



How did I do today?

Excellent

Great

Ok

Not Good

Very Bad