

Food Journal Day

Date: _____

CIRCLE ONE: **Weekday** **Weekend**

Breakfast		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Lunch		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Dinner		Time of day: _____ am/pm
Food/Beverage items	Amount/Serving size	
Snacks		
Time of day	Food/Beverage items	Amount/Serving size
_____ am/pm		
_____ am/pm		
_____ am/pm		
Estimated Daily Water Intake: _____ ounces/cups		

Was this a typical day's intake? yes no

Comments: _____

Patient name: _____

Date of Birth: _____