



# Food Journal

Date: \_\_\_\_\_

Meal	Food / Drink	Carbs	Fat	Calories	Total Calories
<b>Breakfast</b>					
<b>Lunch</b>					
<b>Supper</b>					
<b>Snacks</b>					
<b>Total for the Day</b>					

Check 8 Ounce Glasses of Water



How Did I Do Today?

Excellent    Great    Ok    Not Good    Very Bad

Circle One Option

Day in Review

