



Balanced Diet

Food Journal



Name: _____

Date: _____

Meal	Food & Drink	Portion	Food Group
Breakfast			<input type="checkbox"/> Carbs <input type="checkbox"/> Protein <input type="checkbox"/> Veg/Fruit <input type="checkbox"/> Fat
Snack			<input type="checkbox"/> Carbs <input type="checkbox"/> Protein <input type="checkbox"/> Veg/Fruit <input type="checkbox"/> Fat
Lunch			<input type="checkbox"/> Carbs <input type="checkbox"/> Protein <input type="checkbox"/> Veg/Fruit <input type="checkbox"/> Fat
Snack			<input type="checkbox"/> Carbs <input type="checkbox"/> Protein <input type="checkbox"/> Veg/Fruit <input type="checkbox"/> Fat
Dinner			<input type="checkbox"/> Carbs <input type="checkbox"/> Protein <input type="checkbox"/> Veg/Fruit <input type="checkbox"/> Fat

Mood / Energy



Water Intake



Notes

