

# Registered Dietitian Natalie Brown Bsc, RD Food Journal

You can type your answers inside the boxes and then SAVE and PRINT

How many times/day do you eat (include meals and snacks)?

Do you consume alcohol? YES  NO

If so, what type/how often?

Do you consume coffee? YES  NO

If so, how many cups per day?

Do you consume soft drinks? YES  NO

If so, how much?

How many glasses of water/day do you consume??

How often/week do you eat out?

On the following page, please provide a sample food journal of a typical day. You can include a few different meal/snack ideas.

- Include everything that you eat and drink and time of day.
- Give a specific description of food (type, brand, etc)
- Include all condiments
- Include method of meal preparation (steamed, fried, raw, etc)
- Provide quantity/serving size

# MY FOOD JOURNAL

Date

You can type your answers inside the boxes and then **SAVE** and **PRINT**

<b>BREAKFAST</b>	<b>SERVING</b>
<b>MID-MORNING SNACK</b>	
<b>LUNCH</b>	
<b>MID-AFTERNOON SNACK</b>	
<b>DINNER</b>	
<b>EVENING SNACK</b>	

When you have finished your answers inside the boxes you can **SAVE** and **PRINT**