

Name: _____

Date:_____

Food Diary Time of snack/meal Food Item Amount cup/oz How was it prepared? Deli-type, blueberry 10 am Bagel with peanut butter 1 item (3oz) 20 oz bottle Orange juice 1:30 pm Turkey Sandwich 2 sl bread, 2 oz turkey 1 T mayo, 1 t mustard Chips (Doritos) 2 oz bag Mt. Dew 12 oz can Breakfast _ _ ____am/pm _ _ -_ Snack --____am/pm _ _ -_ Lunch _ _ ___am/pm _ -_ _ Snack _ -_am/pm --_ _ Dinner --____am/pm _ _ _ _ Snack _ _ ____am/pm ---_

Beverages Consumed: (cups/ounces)

Water	Ice tea/hot tea/coffee	Milk
Pop/Soda	Juice	Other