DAILY FOOD LOG

Date: _____

Name: _____ Day of the Week: Choose One

Please measure and record ALL food and beverages (including water) you eat and drink for 3 days (2 weekdays and 1 weekend day). Remember to give as many details as possible. Please list any vitamins or mineral supplements, energy bars, etc.

Time of Food/ Meal	Food/ Drink Item	Brand or Source	Preparation (fresh, grilled, baked, fried, etc)	Amount (cup, tablespoon, ounces, etc.)	Reason eating (hungry, bored, TV, computer, etc.)

Feelings about your daily intake, supplements, and exercise during the day