Dietary Journal: Examples of the last three days of food consumption

Name _____

Date _____

Wake-Up Time: _____
Breakfast: _____
Meal Description:

_____
Mid-Morning Snack Time: _____
Snack Description:

_____
Lunch Time: _____
Meal Description

_____
Mid-Afternoon Snack Time: _____
Snack Description:

_____
Dinner Time: _____
Meal Description:

_____
After Dinner Snack Time: _____
Snack Description:

_____
Beverages:

_____
Exercise (detail type, duration and days/week)

Sleep_____ hrs/night
restful or interrupted

_____
SUMMARY: Average daily consumption

Proteins_____

Grains:_____

Veg: Cat 1_____Cleansing/Detox

Veg: Cat 2_____Starchy

Oils_____Saturated

Oils_____Polyunsaturated

Fruits_____

Fluid_____