

## DAILY FOOD AND BEVERAGE JOURNAL

NAME: \_\_\_\_\_

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

MEAL	TIME		QUANTITY	HUNGER RATING (1=LOW TO 4)	NO. OF MINUTES	WHERE?	BODY POSITION	DOING WHAT ELSE?
<b>BREAKFAST</b>								
SNACK								
<b>LUNCH</b>								
SNACK								
<b>DINNER</b>								
SNACK								

INTAKE PLAN: \_\_\_\_\_ WEIGHT TODAY: \_\_\_\_\_

NOTES: \_\_\_\_\_

**MINIMUM OF 8 GLASSES OF WATER PER DAY:**

☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6
 ☐ 7
 ☐ 8 = 64 OZ.
 ☐
☐
☐

NOTE: WRITE DOWN EVERYTHING YOU EAT OR DRINK, INCLUDING WATER. ALSO INCLUDE ADDED SALT, SNACKS (CANDY, GUM), CONDIMENTS (BUTTER, MAYONNAISE, KETCHUP, ETC.), SPORTS DRINKS, DIET BARS AND ALCOHOLIC BEVERAGES. RECORD THIS FOOD AND DRINK INFORMATION IMMEDIATELY, INCLUDING THE CORRECT TIME SO THAT YOU DON'T FORGET WHAT YOU HAVE EATEN.