

Please follow the instructions carefully in completing your food journal.

1. Fill in name, date and circle the specific day you are recording.
2. Fill in your food goals (only if you have received a specific meal plan).
3. State your health goal.
4. Specify the time and the place of your food intake.
5. Write down everything you eat and drink.
6. Measure or estimate closely the amounts of food served in portion sizes of measuring cups, teaspoons, tablespoons, ounces, slices or inches.
7. Indicate how the food was prepared such as fried, steamed, baked, raw, etc.
8. List brand names of all food products, for example, oatmeal might be “Quick Quaker Oats.”
9. Be sure to measure and record all those little extras such as gravies, salad dressing, taco sauce, pickles, jelly, sugar, ketchup, margarine, etc. Indicate the amounts.
10. Consider the following points as you are recording different types of foods:
 - Beverages
 - Record amount in ounces, cups, teaspoons or tablespoons.
 - List type of milk, such as whole, skimmed, 2%, chocolate.
 - Indicate type of other beverages, such as fruit juice, fruit flavored drinks, soda, beer, wine or liquor.
 - Fruits and Vegetables
 - Indicate whether fresh, frozen, dried, canned.
 - Indicate whether processed in water, light syrup, heavy syrup, etc. for fruit or in sauce such as butter or gravy for vegetables.
 - Cereals
 - Dry cereals- level portions of cup(s) or tablespoon.
 - If milk, sugar, fruit, butter etc. are added record amount and type.
 - Breads
 - Indicate whether whole wheat, rye white, etc.
 - Meats
 - Record in approximate ounces after cooking. Include how the meat was prepared (e.g., fried hamburger patty-3oz). Record only on the cooked edible part-without bone or fat left on the plate.
 - Desserts
 - Measure and record portion sizes of cakes, pies, cookies (thickness, diameter, width or length, depending on item).
 - If bought, give brand name.
11. If you have been given a specific meal plan, specify if the food is a Bread /Starch, Protein, Milk, Fruit, Vegetable, Fat or Water. Record the number of servings it equals.
12. Record your level of hunger before you eat and your level of fullness after you’ve finished eating.
13. Write down any feelings and comments that you may have in regards to your eating.
14. Indicate if you did meet your goals. If not, what changes can you make?

FOOD JOURNAL

Name: _____

Food Goal

B/S:

Pro:

Date: _____

Milk:

Fr:

Veg:

Fat:

M T W Th F Sat Sun

Health Goal: _____

Time/Place	Food and Portion	B/S	Pro	M	Fr	Veg	Fat	H2O	Hunger/Fullness	Feelings, Comments	
									0 1 2 3	0 1 2 3	
									0 1 2 3	0 1 2 3	
									0 1 2 3	0 1 2 3	
									0 1 2 3	0 1 2 3	
									0 1 2 3	0 1 2 3	
									0 1 2 3	0 1 2 3	
									0 1 2 3	0 1 2 3	

Did you meet your goals?

Physical activity: (Type and duration)

