

Name

SAMPLE

Day & Date

Wed, July 20

Record your food, one item per line. Be as specific as possible esp. regarding amount eaten. Include beverages (coffee, soda, water, alcohol, etc). Be sure to include all condiments (dressings, dips, sauces, etc) with meals as well as snacks. Include brand names when applicable.

TIME	LOCATION (home, work, restaurant, car, etc)	FOOD ITEM & QUANTITY (measurements in ounces/cups/TBSP)	METHOD OF PREP (fresh, frozen, canned, baked, fried, etc)	MOOD (hungry, bored, excited, etc)
7:00 AM	Home	Oatmeal muffin with 1 TBSP butter	homemade	very hungry
		1 cup strawberries	fresh	
		8 oz coffee with 2 TBSP 1/2 and 1/2		
9:45 AM	Work	1/4 cup pistachios		hungry
		1 med apple		
		12 oz water		
12:30 PM	Restaurant	Chicken salad sandwich on whole wheat bread w/lettuce & tomato		somewhat hungry
		Potato chips - personal size bag		
		12 oz ice tea - no sugar		
		8 oz water		
3:00 PM	Work - meeting	2 chocolate chip cookies	store bought	Stressed
		16 oz water		
6:30 PM	Home	Salas: 1 cup lettuce, 2 TBSP each tomatoes, celery & red onion	fresh	Tired & hungry
		3 TBSP Blue cheese dressig	Bottled	
		Lean Cuisine pepperoni pizza	Frozen	
		5 oz white wine		