

FOOD AND ACTIVITY JOURNAL

Patient Name: _____

Date: _____

Date: _____

When	Where/How much I ate/drank	Protein	Carb	Fluid, oz	Mood	When	What/How much I ate/drank	Protein	Carb	Fluid, oz	Mood
Morning Time:						A.M. Time					
Morning snack Time:						Mid A.M. Time:					
Mid Day Time:						Mid Day Time:					
Afternoon snack Time:						Afternoon Snack Time:					
Evening Time:						Evening Time:					
Night Snack Time:						Night Snack Time:					
Goal		60-80 gms/d		48-64 oz		Goal		60-80 gms/day		48-64 oz	
My Daily Total						My Daily Total					
ACTIVITY	What I did & Where					ACTIVITY	What I did & Where				
Time:						Time:					
Other Comments and Thoughts:						Other Comments and Thoughts:					