

# Center for Healthy Weight and Nutrition

## FOOD LOG

Date \_\_\_\_\_

Instructions: For one day, record all meals and/or snacks eaten and each amount under the appropriate columns. Be sure to also include all beverages consumed. Be as specific as possible with brand names & type of food (ex. 1 grilled chicken breast, not “chicken”).

Time of Day	Food/Drink Record (detailed list)	Amount of Each Item (best description)	Food Group (check all that apply)
<b>6am-10am</b>			Grains <input type="checkbox"/> Meat/Beans <input type="checkbox"/> Vegetables <input type="checkbox"/> Milk <input type="checkbox"/> Fruit <input type="checkbox"/> Fats/Oils <input type="checkbox"/>
<b>10am-1pm</b>			Grains <input type="checkbox"/> Meat/Beans <input type="checkbox"/> Vegetables <input type="checkbox"/> Milk <input type="checkbox"/> Fruit <input type="checkbox"/> Fats/Oils <input type="checkbox"/>
<b>1pm-4pm</b>			Grains <input type="checkbox"/> Meat/Beans <input type="checkbox"/> Vegetables <input type="checkbox"/> Milk <input type="checkbox"/> Fruit <input type="checkbox"/> Fats/Oils <input type="checkbox"/>
<b>4pm-7pm</b>			Grains <input type="checkbox"/> Meat/Beans <input type="checkbox"/> Vegetables <input type="checkbox"/> Milk <input type="checkbox"/> Fruit <input type="checkbox"/> Fats/Oils <input type="checkbox"/>
<b>7pm-10pm</b>			Grains <input type="checkbox"/> Meat/Beans <input type="checkbox"/> Vegetables <input type="checkbox"/> Milk <input type="checkbox"/> Fruit <input type="checkbox"/> Fats/Oils <input type="checkbox"/>
<b>10pm-Midnight</b>			Grains <input type="checkbox"/> Meat/Beans <input type="checkbox"/> Vegetables <input type="checkbox"/> Milk <input type="checkbox"/> Fruit <input type="checkbox"/> Fats/Oils <input type="checkbox"/>

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