

Food and Beverage Log

Name

Date

MEAL		AMOUNT	CALORIES	PROTEIN	CARBS	FAT
BREAKFAST	Time:					
SNACK	Time:					
LUNCH	Time:					
SNACK	Time:					
DINNER	Time:					
TOTAL						

Notes: (Please list your food cravings and/or your favorite foods)

Physical activities today (hrs./min.):