

Water Intake








Date / /

Time	Food	Portion	Mood 😊 ☹️	Sugar (grams)

Food Group

Goal Servings

Vegetables	5-7	
Fruits	2-4	
Proteins	3-4	
Whole Grains	4-5	
Healthy Fats	Add in	

Journal – Describe how you felt after eating.

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____