FOOD DIARY

TODAY'S DATE _____

CALORIE GOAL: _____

Time	Portion	Food or Beverage Description	Calories	Notes

TOTAL CALORIES: _____

Key Foods Checklist (optional)

Nonstarchy Vegetables: ❑ ❑ ❑ ❑ ❑ (❑ ❑ ❑ ❑ ❑)

Fruits: ❑ ❑

Whole Grains: ❑ ❑ ❑

Protein Group: ❑ ❑ ❑ ❑ ❑ (❑)

Calcium-Rich Foods: ❑ ❑

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