FOOD JOURNAL **Date: _____**

List foods, fluids, and portions	Protein ○○○○○○	Dairy Protein ○○○	Starch ○○○○○○○○	Fats ○○○○○○	Vegetable ○○○	Fruit ○○○	Desserts ○○○○	Fluids	**Moods/Thoughts/Feelings**	**Hunger Fullness** (List a number 0-10 based on your hunger or fullness) 0 = Hunger 10 = Fullness
Breakfast:										
Lunch:										
Snack/Supplement:										
Dinner										
Snack/Supplement:										