Serving Healthy LLC
www.ServingHealthy.com
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Daily Food Log

Name: _____ Date: _____

- Complete this form as accurately as possible, using the three examples as a guide.
- Do not log data for multiple days on a single form. If necessary, use multiple forms for a single day.
- Record all foods and beverages, including water, you consumed from the time you woke up to the time you went to bed.

Time	Food/Drink	Type	Preparation	Amount
8:00 AM	Oatmeal	Instant/Brown Sugar	Microwave	1 package
8:00 AM	Milk	2%	With the oatmeal	1 cup
10:00 AM	Cashews	Planters - Roasted Salted	n/a	¼ cup