Food Record

Date:_____

Time of Day	Food or Beverage Item	Serving Size	Estimated Calories	Comments on possible triggers for eating other than hunger

Total Daily Calories _____

Food Group	Servings	Food Group	Servings
Fruits	__ __ __ ___	Vegetables	__ __ __ __ __
Breads, Cereals, etc.	__ __ __ __ __ __ __ __ __ __ __	Milk, Yogurt, and Cheese	__ __ __ __
Meat, Poultry, etc.	__ __ __	Water	__ __ __ __ __ __ __ __

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Meat, Poultry, etc.	__ __ __	**Water**	__ __ __ __ __ __ __ __