

Name _____ Day of Week _____ Date _____

What did you eat?	When did you eat it?	Food Group	Serving Size	Total Calories	Protein (grams)
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner