



Nutrition Daily Food Journal

Name: _____

Date: _____ Current Weight/BF%: _____/_____ Goal Weight/BF%: _____/_____

Nutrition Questionnaire

Yes No

___ ___ Do you regularly read food labels?

___ ___ Are you ever hungry again within 1 – 2 hours of eating?

___ ___ Do you regularly eat breakfast?

How much water do you drink in a typical day? _____

How many times per day do you eat on average? _____

___ ___ Do you ever eat when you are not hungry? If so, do you know why?

___ ___ Are you responsible for the grocery shopping in your household?

How many times per week do you eat at restaurants (eat in or take out)?

Time of Day	Meal Type (B/L/D/Snack)	Foods Eaten	Serving Size	Calories	Thoughts/Feelings
Saturday					
				Total:	
Sunday					
				Total:	



Time of Day	Meal Type (B/L/D/Snack)	Food Eaten	Serving Size	Calories	Thoughts/Feelings
Monday					
				Total:	
Tuesday					
				Total:	
Wednesday					
				Total:	
Thursday					
				Total:	
Friday					
				Total:	

- ❖ Use “Thoughts/Feelings” section to track hunger level, energy level and emotions related to eating.