



Food Journal / Date: _____

Breakfast

FOODS _____

BEVERAGE _____

SNACK _____

Lunch

FOODS _____

BEVERAGE _____

SNACK _____

Dinner

FOODS _____

BEVERAGE _____

SNACK _____

**NOTE: Record ALL food and drink that you consume. Estimate amounts.
Include condiments, sweeteners, dressings, gravy, toppings, fried or baked, etc.*

**NOTE: For additional food journal pages go to: <http://www.gaultwellness.com/forms/>*