

Food and Activity Journal

Wt:

Wt:

Fax 503-561-4866

Name		Date		Name		Date	
When	What/How much I ate/drank	PRO g	Mood	When	What/How much I ate/drank	PRO g	Mood
A.M.-Time:	Liquid:			A.M.-Time:	Liquid:		
Mid. A.M.-Time:	Liquid:			Mid. A.M.-Time:	Liquid:		
Mid Day-Time	Liquid:			Mid Day-Time	Liquid:		
Mid P.M.-Time	Liquid:			Mid P.M.-Time	Liquid:		
Evening-Time	Liquid:			Evening-Time	Liquid:		
Night-Time	Liquid:			Night-Time	Liquid:		
ACTIVITY:	What I did & When			ACTIVITY:	What I did & When		
Time:				Time:			
Other: Comments- Thoughts				Other: Comments- Thoughts			