

One-Day Food Log

TIME	FOODS/DRINKS CONSUMED

Write the total number of servings of each food/drink you had during the day.

Servings of Fruit		Glasses of Water	
Servings of Vegetables		Servings of Caffeine	
Servings of Unhealthy Snacks / Sugary Treats			

Choose the area you would like to focus on for the week. Do you want to increase your servings of fruit, vegetables, or water? Do you want to decrease your servings of desserts or caffeine? Write your goal at the top of page 27.