



Daily Food _____ **Diary for Date** _____

Food Group	Food Name and Amount
Breakfast	
Grains/Starches	
Vegetables	
Fruits	
Dairy	
Protein	
Fats/Sweets	
Beverages	
Comments	
Snack	
Lunch	
Grains/Starches	
Vegetables	
Fruits	
Dairy	
Protein	
Fats/Sweets	
Beverages	
Comments	
Snack	
Dinner	
Grains/Starches	
Vegetables	
Fruits	
Dairy	
Protein	
Fats/Sweets	
Beverages	
Comments	
Snack	