

Name: _____

Food Diary: What Have I Eaten?

In the first column, list the foods you ate yesterday. For each food item, write the number of servings from each food group. Use a check mark (✓) to show food items in the Other Foods category. Total the number of servings in each column.

| Meals or Snacks | Grain Products | Vegetables & Fruit | Milk Products | Meat & Alternatives | Other Foods |
|----------------------------|----------------|--------------------|---------------|---------------------|---------------------|
| Breakfast or Before School | | | | | |
| Morning Snack | | | | | |
| Lunch | | | | | |
| Afternoon Snack | | | | | |
| Supper or Dinner | | | | | |
| Evening or Bedtime Snack | | | | | |
| TOAL SERVINGS | | | | | No Total |

Example:

| | | | | | |
|--|---|--|--|--|---|
| Breakfast or Before School one piece toast with jam | ✓ | | | | ✓ |
|--|---|--|--|--|---|

