

SIDDHARTH SERVICES, INC.

In pursuit of overall well being

Food Tracking Journal

Client Name: _____ Date: _____

Instructions: Fill out this form being as detailed as you can about what foods and drinks your client is consuming. What are they eating, what type of food, and how much? Use the example for your reference:

Example:

Breakfast: 2 scrambled eggs and 1 piece of whole wheat toast with a small amount of butter and a glass of orange juice.

Snack: 1 apple and a juice box. / 1 granola bar and a coffee with 1 cream and 2 sugars.

Lunch/Dinner: Turkey Sandwich on whole wheat bread with lettuce and a small amount of mayonnaise. 1 soda and a small bag of chips. / 1 piece of Chicken, green beans, 1 baked potato and a glass of milk.

Start your daily tracking below:

Check the # of 8 ounce glasses of water per day:        

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Other Indulgences: _____

Exercise: (times and types): _____

Review of Day (Times/Situations/Moods - List cravings or types of foods requested etc...):

How did he/she do today?: Fabulous Great Okay Will Do Better Tomorrow