



Food Diary



In the chart below, record everything that you eat for two days, including snacks. Then, evaluate your diet according to the www.choosemyplate.gov guidelines and how many portions per food group are recommended for your age, gender, and activity level.

Name _____ Period _____

	Day 1	Day 2
Breakfast		
Lunch		
Dinner		
Snacks		

On the lines below, under “Target Intake,” list your nutritional requirements for each food group. For Day 1 and Day 2, count how many food you had in each food group and see how it compares to what is recommended for you. You will know that if you mark “0” for the vegetables group that is an area you are lacking in.

	Target Intake	Day 1	Day 2
Grains	_____	_____	_____
Vegetables	_____	_____	_____
Fruits	_____	_____	_____
Dairy	_____	_____	_____
Protein Foods	_____	_____	_____
Oils	_____	_____	_____
Empty Calories	_____	_____	_____

