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FOOD DIARY FORM

Date: _____

Food or Beverage Item	Amount	Calories	Protein 30%	Carbs 40%	Fat 30%	Sodium NMT* 2400 Mg	Fiber 20-35 Gm
Total Grams			x4 Cal/Gm	x4 Cal/Gm	x9 Cal/Gm		
For Total Calories A+B+C			A	B	C	Total Calories	
Divide by Total Calories							
Multiply by 100 for %			%	%	%		

**NMT: No more than*

Food Groups	Daily Servings
Water	1 2 3 4 5 6 7 8
Milk, Yogurt, Cheese	1 2 3
Meat, Fish, Poultry, Beans, Eggs, Nuts	1 2 3
Vegetables	1 2 3 4 5
Fruit	1 2 3 4
Bread, Cereal, Rice, Pasta	1 2 3 4 5 6 7 8 9 10 11