

# Food Log



## FOOD LOG

Please write down what you **eat and drink** each day.  
Include the portion size.

NAME: \_\_\_\_\_

WEEK OF: \_\_\_\_\_

|           | SUNDAY | MONDAY | TUESDAY |
|-----------|--------|--------|---------|
| BREAKFAST |        |        |         |
| SNACK     |        |        |         |
| LUNCH     |        |        |         |
| SNACK     |        |        |         |
| DINNER    |        |        |         |
| SNACK     |        |        |         |

# Food Log

|           | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-----------|-----------|----------|--------|----------|
| BREAKFAST |           |          |        |          |
| SNACK     |           |          |        |          |
| LUNCH     |           |          |        |          |
| SNACK     |           |          |        |          |
| DINNER    |           |          |        |          |
| SNACK     |           |          |        |          |

**Questions?** Please call Alliance Health Programs • Monday – Friday, 8 am – 5 pm  
Phone Number: **1.510.747.4577** • Toll-Free: **1.855.891.9169**  
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**  
[www.alamedaalliance.org](http://www.alamedaalliance.org)