Food Log



WEEK OF: _____

FOOD LOG	NAME:	

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

	EXAMPLE	SUNDAY	MONDAY	TUESDAY
BREAKFAST	1 whole wheat toast 1 egg 1 cup skim milk			
SNACK	1 peach ¼ cup almonds Water			
LUNCH	2 corn tortillas ¼ cup beans Grilled chicken breast Avocado salsa 1 can Diet Coke			
SNACK	1 cup yogurt Water			
DINNER	½ cup Brown rice Beef and veggies Salad Water			
SNACK	¼ cup Hummus Carrots Water			

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: **1.877.932.2738**

People with hearing and speaking impairments (CRS/TTY): 711/1.800.735.2929

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