

# What I eat tracking sheet



Client Name: \_\_\_\_\_

Start date: \_\_\_\_\_ Week 1 / 2 / 3 / 4

For 28 days (4 weeks), if any food or beverage goes into your mouth, you write it down. This will help to analyze your eating habits and see where improvements can be made.

Write down type and quantity of food and drink, including snacks, even candies, water, etc. and time consumed. Take a photo of it if you can.

Meal / Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Breakfast</b> Time:							
<b>Snack</b> Time:							
<b>Lunch</b> Time:							
<b>Snack</b> Time:							
<b>Dinner</b> Time:							
<b>Snack</b> Time:							
<b>Other</b> Time:							