



Family Health Centers Nutrition Program

FOOD CONSUMPTION DIARY

NAME: _____

DAY /DATE:

Food Guide Daily Servings:

Carbohydrates - 6-11 _____

Fruits - 2-4 _____

Vegetables - 3-

Protein - 2-3 _____

Dairy - 2-3 _____

5

Fats and Sugars

Description of Food or Beverage:
(type, how prepared, amount)

Comments:
(hunger, feelings, activity)

BREAKFAST:

SNACK:

LUNCH:

SNACK:

DINNER:

SNACK:

PERSONAL GOALS:

If you would like personal instruction on how to incorporate nutritional guidelines into your life and improve your health, schedule an appointment with:

Karen Youket, Dietitian / Nutritionist

by calling The Family Health Centers at

828-258-8681