

Weekly Tracking Sheet and Daily Food Journal for the week of: _____

Circle or cross out a number each time you have a serving of each food group. You do not need to have 5 servings of each food group each day.

Serving	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Water	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
<u> </u> Grains 1 oz= 1slice bread, 1 cup cold cereal, ½ cup cooked oatmeal, rice, or pasta, 3 cups popcorn	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<u> </u> Veggies 1 cup = 1 cup raw or cooked veggies	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<u> </u> Fruits 1 cup = 1 sm or ½ lg apple, 1 cup 100% juice, 1 snack size fruit cup	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<u> </u> Milks 1 cup= 1 cup milk or yogurt, 2 slices hard cheese, 1/3 cup shredded cheese	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
<u> </u> Meats 1 oz = 1 egg, 1 T peanut butter, ½ cup bean soup, 12 almonds ½ hamburger, 1/3 chicken breast	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1 Extra Junk food	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3	1 2 3

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Draw a Tally mark or a check mark each time you have a serving of each food group.

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