

NAME: _____

DATE: _____

FOOD DIARY

DAY ONE

Keep a food diary for a week. Log each meal, snack, and the number of glasses of water you drink. (We need 8 glasses of water daily.)

Try at least one new food this week. Take three bites before you make your final opinion. Write about your experience--is this food something you're willing to try again?

BREAKFAST

Item

Experience

LUNCH

Item

Experience

DINNER

Item

Experience

SNACKS

Item

Experience

WATER

Glasses (1 tick for each glass):

NAME: _____

DATE: _____

FOOD DIARY

DAY TWO

Keep a food diary for a week. Log each meal, snack, and the number of glasses of water you drink. (We need 8 glasses of water daily.)

Try at least one new food this week. Take three bites before you make your final opinion. Write about your experience--is this food something you're willing to try again?

BREAKFAST

Item

Experience

LUNCH

Item

Experience

DINNER

Item

Experience

SNACKS

Item

Experience

WATER

Glasses (1 tick for each glass):

NAME: _____

DATE: _____

FOOD DIARY

DAY THREE

Keep a food diary for a week. Log each meal, snack, and the number of glasses of water you drink. (We need 8 glasses of water daily.)

Try at least one new food this week. Take three bites before you make your final opinion. Write about your experience--is this food something you're willing to try again?

BREAKFAST

Item

Experience

LUNCH

Item

Experience

DINNER

Item

Experience

SNACKS

Item

Experience

WATER

Glasses (1 tick for each glass):

NAME: _____

DATE: _____

FOOD DIARY

DAY FOUR

Keep a food diary for a week. Log each meal, snack, and the number of glasses of water you drink. (We need 8 glasses of water daily.)

Try at least one new food this week. Take three bites before you make your final opinion. Write about your experience--is this food something you're willing to try again?

BREAKFAST

Item

Experience

LUNCH

Item

Experience

DINNER

Item

Experience

SNACKS

Item

Experience

WATER

Glasses (1 tick for each glass):

NAME: _____

DATE: _____

FOOD DIARY

DAY FIVE

Keep a food diary for a week. Log each meal, snack, and the number of glasses of water you drink. (We need 8 glasses of water daily.)

Try at least one new food this week. Take three bites before you make your final opinion. Write about your experience--is this food something you're willing to try again?

BREAKFAST

Item

Experience

LUNCH

Item

Experience

DINNER

Item

Experience

SNACKS

Item

Experience

WATER

Glasses (1 tick for each glass):

NAME: _____

DATE: _____

FOOD DIARY

DAY SIX

Keep a food diary for a week. Log each meal, snack, and the number of glasses of water you drink. (We need 8 glasses of water daily.)

Try at least one new food this week. Take three bites before you make your final opinion. Write about your experience--is this food something you're willing to try again?

BREAKFAST

Item

Experience

LUNCH

Item

Experience

DINNER

Item

Experience

SNACKS

Item

Experience

WATER

Glasses (1 tick for each glass):

NAME: _____

DATE: _____

FOOD DIARY

DAY SEVEN

Keep a food diary for a week. Log each meal, snack, and the number of glasses of water you drink. (We need 8 glasses of water daily.)

Try at least one new food this week. Take three bites before you make your final opinion. Write about your experience--is this food something you're willing to try again?

BREAKFAST

Item

Experience

LUNCH

Item

Experience

DINNER

Item

Experience

SNACKS

Item

Experience

WATER

Glasses (1 tick for each glass):