St. Francis Weight Loss Center

24-Hour Food Record

Name:_____ Date:_____

Time	Amount	Food/Beverage Description (Include name brand, preparation method, restaurant, etc.)	Exchange	Thoughts/ Actions/Feelings

Daily Food Exchange Tally

Starch													Fruit											Milk						
Meat													Vegetable											Fat						

Water/Beverages

Exercise:_____

(Include which activity, time/duration, distance, heart rate, etc…)