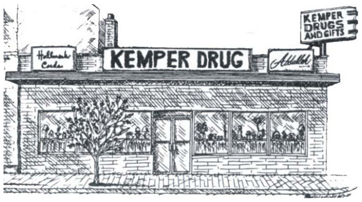

Kemper Drug

323 Jackson Ave
Elk River, MN 55330
763-441-1353 www.kemperdrug.com

Food Journal

Fill in as much as possible. Enter everything you eat or drink. In note section indicate why you ate - (m)ealtime, (s)nacktime, (h)ungry, (t)empted, (u)nhappy, (h)appy, (b)ored.

Name:

Date Started:

Time	Food or Beverage	Quantity or 1/2C=	Calories	Fiber/g	Carb/g	Fat/g	Protein/g	Sodium/g	Note