Food Logbook

Name:	
School name:	
Grade:	
Roll number:	

How to use this book?

- Please complete 1 page of this logbook every first Monday of every month.
- Write down that meals and snack you ate or drank yesterday.
- Record everything, starting with the first food or drink in the morning until the last food or drink at night. Put each food item on a separate line. Ask your teacher if you don't know how to spell a food item.
- This is an exercise, but not a test. So, there is no right or wrong answer. So, simply write down what you actually ate.

Thank you!

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

July

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

August

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

September

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

October

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

November

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

December

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

January

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

February

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

March

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

April

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

May

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

Spare sheet

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this

ID Number

Name:	
Grade:	
Roll number:	
School name:	

Yesterday's date:

Spare sheet

These are the foods and drinks that I consumed yesterday:

Breakfast	Lunch	Afternoon Snacks	Evening Snacks	Dinner
☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this	☐ I did not eat this