NJ Nutritionist
Lorraine Matthews-Antosiewicz, MS RD
helping you live a healthy weigh of life

Daily Monitoring Form

Day: _____ Date: _____

To print more forms, go to:
www.njnutritionist.com

Meal	Time	Amount	Food/Beverage
Breakfast			
Snack			
Lunch			
Snack			
Dinner			
Snack			

	Grains	Vege	Fruit	Dairy	Protein	Fat
Daily Recommended Servings:						
Total Number of Servings Eaten:						

Discretionary Calories: (Limit: _____) _____ _____

Glasses (8 oz) water consumed: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Exercise (minutes/activity): _____ _____

Day in Review:	Goals for Tomorrow:
_____ _____ _____	_____ _____ _____