










MY WEEKLY FOOD LOG

Name: _____



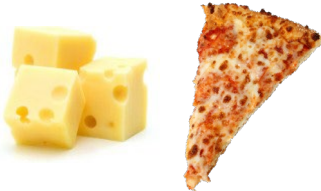

Instructions: Select the days of the week in the boxes at the top of the chart. For each day of the week, type in the **number of servings** that you ate in each MIND diet category. Put a "0" in the box if you did not eat that category of food on a specific day. At the end of the week, add up the total number of servings for each category.

DAYS OF THE WEEK: M T W Th F Sa Su **TOTAL**

Green Leafy Vegetables 1 serving/day Serving: 1 cup raw/ $\frac{1}{2}$ cup cooked		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Other Vegetables 1 serving/day Serving: $\frac{1}{2}$ cup		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Nuts 5 servings/week Serving: 1 oz		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Berries 5 servings/week Serving: $\frac{1}{2}$ cup		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Beans/Legumes 3 servings/week Serving: $\frac{1}{2}$ cup		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Whole Grains 3 servings/day, 7 days/week Serving: $\frac{1}{2}$ cup or 1 slice		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Fish (not fried) 1 serving/week Serving: 3 to 5 oz		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Poultry (white meat/skinless) 2 servings/week Serving: 3 to 5 oz		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Extra Virgin Olive Oil 2 servings/day Serving: 1 TB		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

FOODS TO LIMIT LOG

Instructions: Select the days of the week in the boxes at the top of the chart. For each day of the week, type in the **number of servings** that you ate in each MIND diet category. Put a "0" in the box if you did not eat that category of food on a specific day. At the end of the week, add up the total number of servings for each category.

DAYS OF THE WEEK:		M	T	W	Th	F	Sa	Su	TOTAL
Red & Processed Meats <i>No more than 3 servings/week</i> <i>Serving: 4 oz</i>									
Butter & Stick Margarine <i>No more than 1 serving/day</i> <i>Serving: 1 pat or 1 tsp</i>									
Cheese (whole fat) <i>No more than 2 servings/week</i> <i>Serving: 1 oz</i>									
Fried Foods <i>No more than 1 serving/week</i> <i>Serving: 1 meal</i>									
Pastries, Candy Bars, Sweet Treats <i>No more than 4 servings/week</i> <i>Serving: 1 treat</i>	