**THE FOOD STAMP CHALLENGE TRACKER**

**Use this as a guide to blog throughout the week. Please submit this information when you have completed the challenge. Use social media to share your experience using the #NCSUSnapChallenge. Attach Any Grocery Lists/Important Documents to your tracker.**

**Grocery Tracker**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Price** | **Servings per Pkg** | **Price per Serving** | **Meal/dish** |
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**Other:**

**DAY 1**

**How Much It Cost & What You Ate:**

* Breakfast $\_.\_\_

* Lunch $\_.\_\_

* Dinner $\_.\_\_

* Other $\_.\_\_

**Total Money Spent:** \_\_\_\_\_\_\_\_\_\_\_\_

Challenges:

Successes:

How did you meals today differ from your typical eating routine?

How did your shopping cart look compared to a normal week? What choices did you have to make about the types of food you could afford, where you shopped, or the nutritional quality and variety of food?

Other Notes:

**DAY 2**

**How Much It Cost & What You Ate:**

* Breakfast $\_.\_\_

* Lunch $\_.\_\_

* Dinner $\_.\_\_

* Other $\_.\_\_

**Total Money Spent:** \_\_\_\_\_\_\_\_\_\_\_\_

Challenges:

Successes:

How did you meals today differ from your typical eating routine?

What have you cut out of your routine to stay on budget (e.g. COFFEE)?

Other Notes:

**DAY 3**

**How Much It Cost & What You Ate:**

* Breakfast $\_.\_\_

* Lunch $\_.\_\_

* Dinner $\_.\_\_

* Other $\_.\_\_

**Total Money Spent:** \_\_\_\_\_\_\_\_\_\_\_\_

Challenges:

Successes:

How did you meals today differ from your typical eating routine?

How would this experience be different if your spouse and children were also eating off a limited food budget for the week?

Other Notes:

**DAY 4**

**How Much It Cost & What You Ate:**

* Breakfast $\_.\_\_

* Lunch $\_.\_\_

* Dinner $\_.\_\_

* Other $\_.\_\_

**Total Money Spent:** \_\_\_\_\_\_\_\_\_\_\_\_

Challenges:

Successes:

How did you meals today differ from your typical eating routine?

How has eating on a limited budget impacted your mood? Your concentration? How has that impacted your interaction with family and coworkers?

Other Notes:

**DAY 5**

**How Much It Cost & What You Ate:**

* Breakfast $\_.\_\_

* Lunch $\_.\_\_

* Dinner $\_.\_\_

* Other $\_.\_\_

**Total Money Spent:** \_\_\_\_\_\_\_\_\_\_\_\_

Challenges:

Successes:

How did you meals today differ from your typical eating routine?

Are you worried about your groceries running out before the end of the Challenge? Do you feel you are you eating a healthy, balanced diet? What nutrition decisions did you have to make?

Other Notes: