

Daily Food Journal

Date: _____ Mon Tue Wed Thu Fri Sat Sun (circle)

	Protein (g)	Carbs (g)	Fat (g)
Daily			

Measure	Food	Protein (g)	Carbs (g)	Fat (g)
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Breakfast

Time of Day: _____

Totals				

Lunch

Time of Day: _____

Totals				

Dinner

Time of Day: _____

Totals				

Snacks

Time of Day: _____

Totals				

Check 8 Ounce Glasses of Water

Multivitamin



Exercise
