

NAME _____ DATE _____

Wake time: _____

Rested?

Breakfast - Time _____

Snack - Time _____

Lunch - Time _____

Snack - Time _____

Dinner - Time _____

Snack - Time _____

Exercise:

Time

Duration

Type

Intensity

How do I feel?

Bed time: _____

Notes/comments/observations

8 oz servings of water (including herbal teas):