

NAME \_\_\_\_\_ START DATE \_\_\_\_\_ FINISH DATE \_\_\_\_\_

FOOD JOURNAL

DAY							
WATER	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□	□□□□□□□□□□
BREAKFAST							
TIME							
SNACK							
TIME							
LUNCH							
TIME							
SNACK							
TIME							
DINNER							
TIME							
SNACK							
TIME							
EXERCISE							
HOW DO YOU FEEL?							