

Daily Food Journal

DATE: _____

PROTEIN FATS CARBS FRUITS

MY DAILY GOAL

MON	TUES	WED	THURS	FRI	SAT	SUN (CIRCLE)	MY DAILY TOTAL	PROTEIN	FATS	CARBS	FRUITS	MOOD
QTY							FOOD	# OF SERVINGS				

BREAKFAST



TIME OF DAY

:

BEFORE:

AFTER:

TOTALS:

LUNCH



TIME OF DAY

:

BEFORE:

AFTER:

TOTALS:

DINNER



TIME OF DAY

:

BEFORE:

AFTER:

TOTALS:

SNACKS



TIME OF DAY

:

:

BEFORE:

AFTER:

TOTALS:

WORKOUT DESCRIPTION	DURATION	MOOD BEFORE	MOOD AFTER
MY OVERALL DAY IN REVIEW		MOOD START OF DAY	MOOD END OF DAY
HOW DID I DO TODAY?	GREAT	OKAY	NOT WELL (CIRCLE ONE)

WATER INTAKE (8oz each cup)



NON-STARCHY VEGETABLE SERVINGS

