

Only fill out what you ate and drank, if you didn’t eat at that meal/snack please leave it blank. Monday Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Breakfast** | **Snack** | **Lunch** | **Snack** | **Dinner** | **Exercise (time/what)** | **How you felt** |
| **M** |  |  |  |  |  |  |  |
| **Tu** |  |  |  |  |  |  |  |
| **W** |  |  |  |  |  |  |  |
| **Th** |  |  |  |  |  |  |  |
| **F** |  |  |  |  |  |  |  |
| **Sa** |  |  |  |  |  |  |  |
| **Su** |  |  |  |  |  |  |  |