

Food Diary

Date: _____

Mon Tue Wed Thurs Fri Sat Sun

Weight: _____

Time	Food/Beverage	Amount	Calories	
Totals:				

Check # 8 ounce glasses of water: 

Physical Activity	Minutes	Intensity Low/Medium/High	Calories

How I did today: Fabulous Great OK Will Do Better Tomorrow

Notes:

.....

.....

.....