

Date: \_\_\_\_\_

Day of the Week: \_\_\_\_\_

Weight: \_\_\_\_\_

How Many Hours Did You Sleep Last Night? \_\_\_\_\_

Mood: \_\_\_\_\_

Goal: \_\_\_\_\_

### BREAKFAST:

Time: \_\_\_\_\_

Food (including portions): \_\_\_\_\_

Estimated Calories: \_\_\_\_\_ kcal

Estimated Fat: \_\_\_\_\_ g

Water Intake: \_\_\_\_\_ fl oz

### SNACK:

Time: \_\_\_\_\_

Food (including portions): \_\_\_\_\_

Estimated Calories: \_\_\_\_\_ kcal

Estimated Fat: \_\_\_\_\_ g

Water Intake: \_\_\_\_\_ fl oz

### LUNCH:

Time: \_\_\_\_\_

Food (including portions): \_\_\_\_\_

Estimated Calories: \_\_\_\_\_ kcal

Estimated Fat: \_\_\_\_\_ g

Water Intake: \_\_\_\_\_ fl oz

### SNACK:

Time: \_\_\_\_\_

Food (including portions): \_\_\_\_\_

Estimated Calories: \_\_\_\_\_ kcal

Estimated Fat: \_\_\_\_\_ g

Water Intake: \_\_\_\_\_ fl oz

### DINNER:

Time: \_\_\_\_\_

Food (including portions): \_\_\_\_\_

Estimated Calories: \_\_\_\_\_ kcal

Estimated Fat: \_\_\_\_\_ g

Water Intake: \_\_\_\_\_ fl oz

### SNACK:

Time: \_\_\_\_\_

Food (including portions): \_\_\_\_\_

Estimated Calories: \_\_\_\_\_ kcal

Estimated Fat: \_\_\_\_\_ g

Water Intake: \_\_\_\_\_ fl oz

### DAILY TOTALS

Estimated Total Calories: \_\_\_\_\_ kcal

Estimated Total Fat: \_\_\_\_\_ g

Total Water Intake: \_\_\_\_\_ fl oz

Mood: \_\_\_\_\_

Do you feel like you achieved your goal today? \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_