Daily Food Diary

Day: _____ Date: _____

Time	Amount	Food/Beverage								Calories
		Daily Totals:								
		Daily Goals:								

# Hours of sleep: 4 5 6 7 8 9 10	Weight:
Check # 8 ounce glasses of water	Energy Level: Low/Medium/High

Physical Acvtivity	Minutes	Intensity: Low/Medium/High	Calories

Notes: .....
.....
.....
.....

www.personal-nutrition-guide.com

©Inspiring Nutrition, LLC