Food Diary

Date: _____ Mon Tue Wed Thurs Fri Sat Sun Weight: _____

Time	Food/Beverage	Amount	Calories	
		Totals:		

Check # 8 ounce glasses of water:

Physical Acvtivity	Minutes	Intensity Low/Medium/High	Calories

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

Notes: .....

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