Date: _______________

Time	Food/Beverage Consumed	Portion Size or Quantity	Cal	Fat	Carb	Sugar	Protein	Notes
		DAILY TOTAL						

Water Intake (check off every 8 ounces): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ **Pedometer:** _________steps

Daily Exercise (check all that apply): ☐ **Cardio/Aerobics** ☐ **Strength Training/Weights** ☐ **Flexibility**

How long did you exercise for? ____________ What did you do? _______________________________