**Daily FOOD JOURNAL**

**TIME/MEAL** | **FOOD/Beverage** | **CARB** | **PROTEIN** | **FAT** | **NOTES**
---|---|---|---|---|---
Breakfast
Lunch
Snack
Dinner
Snack

**SLEEP THE NIGHT BEFORE**
- **BED TIME ( ) AM/PM**
- **# OF HOURS ( )**

**HOW DID YOU SLEEP?**
________________________________________

**WATER**
- _____ oz

**SUPPLEMENTS**
____________________________________

**EXERCISE/ACTIVITY**
- [ ] _______________ TIME ( )
- [ ] REST DAY

**HOW DO I FEEL?** (energy level, ability to think clearly, alertness, grogginess, etc.)
_________________________

Keeping a daily journal of all your meals, snacks and activity will help ensure your success. Take a moment each day to write down what you ate, which meals and snacks were most enjoyable, and how long you stayed satisfied. Use this knowledge to build a plan for the next day and for a lifetime of success!