

Daily Food and Exercise Log

Name _____

Date _____

Food	What you ate or drank Food, sauce, dressing, drink or supplement (What brand? How was it cooked?)	How much (Amount: oz, cups, teaspoons, Tablespoons)	How do you feel <i>before</i> and <i>after</i> you eat? (stressed? bored? hungry? satisfied?)
<i>Breakfast</i>			
Time:			
<i>Lunch</i>			
Time:			
<i>Dinner</i>			
Time:			
<i>Snacks</i>			
Time:			
Time:			
Time:			

Exercise	Type of Activity	How long?	How do you feel afterwards?
Time:			

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