

S M T W T F S

Date: _____

Breakfast _____ : _____

Amount	Food	Comments

Lunch _____ : _____

Amount	Food	Comments

Dinner _____ : _____

Amount	Food	Comments

Snacks ① _____ : _____ ② _____ : _____

Amount	Food	Comments

Water ○ ○ ○ ○ ○ ○
○ ○ ○ ○ ○ ○ ○ ○

Exercise
Type: _____ Time: _____

Weight
_____ lbs/kg

Grade for the Day
A B C D