

Date: \_\_\_\_\_

Time or Meal	Food & Drink (Be specific)	Amounts (Be specific: spoonful, cups, ounces, etc. Make your best guess)	Estimated Calories (Take a guess!)	Estimated Fat Grams	What Are You Feeling?

Exercise or Activity

Time: _____	Duration: _____	Activity: _____
Time: _____	Duration: _____	Activity: _____