

# Food Diary

Date: \_\_\_\_\_      Mon   Tue   Wed   Thurs   Fri   Sat   Sun      Weight: \_\_\_\_\_

Time	Food/Beverage	Amount	Calories	
		Totals:		

Check # 8 ounce glasses of water: 

Physical Activity	Minutes	Intensity Low/Medium/High	Calories

How I did today:     Fabulous    Great    OK    Will Do Better Tomorrow

Notes: .....

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