

Food/Water Intake/Exercise Diary				
Day of Week: _____		Date: _____		Week# _____
Meal	Time	Place	Name of Food or Beverage	Approx. Amount
1	_____ AM/PM			
2	_____ AM/PM			
3	_____ AM/PM			
4	_____ AM/PM			
5	_____ AM/PM			
6	_____ AM/PM			
7	_____ AM/PM			
Water: # of 8 Oz. glasses drank today _____				
Exercise: Time of Day: _____ Weight Training: Body Parts Trained _____ Aerobics: What Type? _____ Where Performed? _____ Total Minutes _____				

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