











Daily Food Diary

Day: _____ Date: _____

Time	Amount	Food/Beverage								Calories
		Daily Totals:								
		Daily Goals:								

# Hours of sleep: 4 5 6 7 8 9 10	Weight:
Check # 8 ounce glasses of water 	Energy Level: Low/Medium/High

Physical Activity	Minutes	Intensity: Low/Medium/High	Calories

Notes:

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