

DAILY Nutrition, Activity, and Exercise Journal

Name: _____ Day: _____ Date: _____

TIME	LENGTH OF MEAL/ SNACK	FOOD TYPE & AMOUNT	LIQUID TYPE & AMOUNT	SUPPLEMENT & MEDICATION TYPE & AMOUNT	WHERE & WITH WHOM	FEELINGS/ENERGY BEFORE MEAL	FEELINGS/ENERGY AFTER MEAL

ACTIVITY & EXERCISE

Energy/Emotions before and after activity	Type of activity	Length of activity	Location of activity & with whom

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