

Diet Diary / Exercise Log

Name: _____

Please complete your "Diet Diary / Exercise Log" every day.

- 1.) Make note of the time you wake up.
- 2.) List and describe in detail all foods and drinks including the amount of each. Make note as to whether the food was fresh, frozen, canned, raw, cooked, baked, fried, etc. Note the time of each meal or snack. Be sure to list everything you eat or drink, including any condiments used (i.e. mayonaise, mustard, relish, etc.).
- 3.) Keep track of how much water you drink and list the amount in ounces in the section provided. Also note the type and amount of any other drinks you consume.
- 4.) Write down any activity or exercise you do in the section at the bottom, listing the kind of exercise you did and for how long you did it.
- 5.) Note any periods of relaxation and what kind of relaxation it was.
- 6.) Note the time you go to sleep.

Day 1	Date:
Wake up:	
Morning Meal	
Time:	
Snack	
Time:	
Mid-Day Meal	
Time:	
Snack	
Time:	
Evening Meal	
Time:	
Snack	
Time:	
Water (ounces)	
Other Drinks <small>(that are not listed with meals or snacks above)</small>	
Activity/Exercise What kind: How long:	
Relaxation type: How long: sleep time:	

Diet Diary / Exercise Log

	Day 2 - Date:	Day 3 - Date:
Wake up:		
Morning Meal		
Time:		
Snack		
Time:		
Mid-Day Meal		
Time:		
Snack		
Time:		
Evening Meal		
Time:		
Snack		
Time:		
Water (ounces)		
Other Drinks <small>(that are not listed with meals or snacks above)</small>		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		

Diet Diary / Exercise Log

	Day 4 - Date:	Day 5 - Date:
Wake up:		
Morning Meal		
Time:		
Snack		
Time:		
Mid-Day Meal		
Time:		
Snack		
Time:		
Evening Meal		
Time:		
Snack		
Time:		
Water (ounces)		
Other Drinks <small>(that are not listed with meals or snacks above)</small>		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		

Diet Diary / Exercise Log

	Day 6 - Date:	Day 7 - Date:
Wake up:		
Morning Meal		
Time:		
Snack		
Time:		
Mid-Day Meal		
Time:		
Snack		
Time:		
Evening Meal		
Time:		
Snack		
Time:		
Water (ounces)		
Other Drinks <small>(that are not listed with meals or snacks above)</small>		
Activity/Exercise What kind: How long:		
Relaxation type: How long:		
sleep time:		