

Day _____ Date _____	Fat Grams	Fiber Grams	Water Ounces	Water Times	Vitamin Times	Stress Level 1-10	Attitude P or N	Prioritize To Do Today A, B, or C
Warm water (lemon optional) Breakfast _____								<b>Exercise A</b>
_____								
Snack _____								
_____								
Lunch _____								
_____								
Snack _____								
_____								
Dinner _____								
_____								
_____								
Snack _____								
Other? _____								
<b>Totals</b>								
Exercise Minutes _____ Heart Rate _____ Perceived Effort _____								
Hours of Waking Inactivity _____ Mood Today _____								
Total Hours of Sleep Last Night _____ Time to Bed _____ Quality of Sleep _____								
Notes:								