

DAILY HEALTH & FITNESS JOURNAL

Breakfast

Time: _____

I ate: _____

Snack

Time: _____

I ate: _____

Lunch

Time: _____

I ate: _____

Snack

Time: _____

I ate: _____

Dinner

Time: _____

I ate: _____

Snack

Time: _____

I ate: _____

Name: _____

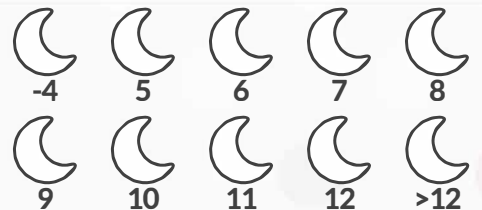
M T W Th F S Su

Date: _____

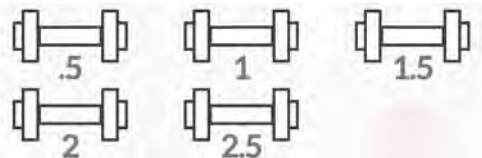
Daily water intake (fill)



Hours of Sleep (fill)



Amount of exercise (in hours)



Type of workout: _____

My mood today: _____