



Essentials

Today's day and date: _____

I weigh _____. (This doesn't define you!)

What I've Eaten

Breakfast: _____

Snack: _____

Lunch: _____

Snack: _____

Dinner: _____

Snack: _____

Did I Get All My Servings?

Fruits:

Vegetables:

Dairy:

Water:

Vitamins:

Exercise & Movement

Strength training: ____ minutes

Cardio activity: ____ minutes

Yoga: ____ minutes

Other exercise: ____ minutes

Notes & Remarks: _____

