

Date:



FOOD JOURNAL

When	Food/Drink	Calories	Carbs	Protein	Fat
			g	g	g
5:00 – 8:00 am					
8:00 – 10:00 am (breakfast)					
10:00 – 12:00					
Noon – 2:00 pm (lunch)					
2:00 – 4:00 pm					
4:00 – 6:00 pm (dinner)					
6:00 – 8:00 pm					
8:00 - midnight					
Daily Totals =					

Vitamins & Supplements

Daily	Occasionally / as needed	
<input type="checkbox"/> B complex (Stress)	<input type="checkbox"/> Cold FX	<input type="checkbox"/>
<input type="checkbox"/> D	<input type="checkbox"/> St. John's Wort	<input type="checkbox"/>
<input type="checkbox"/> Omega 3 Fish Oil	<input type="checkbox"/> White Mulberry (blood sugar)	<input type="checkbox"/>

Exercise

When	Type			What	Time	Resistance / Weight	
	♥	Y	≈				
	♥	Y	≈				
	♥	Y	≈				
	♥	Y	≈				
	♥	Y	≈				

♥ Cardio Y Strength ≈ Stretch

What's Happening Today?

Work hours =	Events:
How do you feel physically?	How do you feel emotionally?

Weight		
Home scale:	lbs @	am pm
	lbs @	am pm
Measurements:		
Other:		

Sleep
Total last night:
Woke up at
Went to bed at
Naps during the day:

Menstrual Tracking

Flow	Cramps / Pain	Notes
Heavy Normal Light	<input type="checkbox"/> Intense <input type="checkbox"/> Mild <input type="checkbox"/> N/A <input type="checkbox"/> Short spurt <input type="checkbox"/> Long (all day)	