

Daily Food Journal

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Date: _____

| LIST FOODS EATEN AT EACH MEAL, INCLUDING AMOUNTS | | |
|--|--|----------------------------------|
| Meal #1 | | Time: _____ How did you feel? |
| Meal #2 | | Time: _____ How did you feel? |
| Meal #3 | | Time: _____ How did you feel? |
| Meal #4 | | Time: _____ How did you feel? |
| Meal #5 | | Time: _____ How did you feel? |
| Meal #6 | | Time: _____ How did you feel? |

Water Intake:

Your goal is to drink eight or more
Glasses per day!
Circle the amount you drink daily:

2 4 6 8 10 12
14 16 18 20

Daily Goals:

- 1)
- 2)

Overall Today I Felt:



THE POWER IS YOU



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