

**Daily Food Diary for \_\_\_\_\_ Date \_\_\_\_\_**

Food Type	How Much? Baked, Boiled, Grilled, Fried or Zapped? Brand Name?
<b>Breakfast TIME?</b>	
<b>Supplements (name &amp; dosage)?</b>	
<b>Comments</b>	
<b>Snack TIME?</b>	
<b>Lunch TIME?</b>	
<b>Supplements (name &amp; dosage)?</b>	
<b>Comments</b>	
<b>Snack TIME?</b>	
<b>Dinner TIME?</b>	
<b>Supplements (name &amp; dosage)?</b>	
<b>Comments</b>	
<b>Snack TIME?</b>	

**Water (~10oz)**



**Other Beverages**

**Exercise**