



FOOD DIARY

DAY 1

Breakfast

Protein _____
Supplement _____
Coffee/Tea _____

Lunch

Protein _____
Vegetable _____
Supplement _____
Coffee/Tea _____

Dinner

Protein _____
Vegetable _____
Salad _____
Coffee/Tea _____

Water

Each glass 8 oz. min.

Total Carbs = _____

Extras _____

Supplement _____

Bar _____

DAY 2

Breakfast

Protein _____
Supplement _____
Coffee/Tea _____

Lunch

Protein _____
Vegetable _____
Supplement _____
Coffee/Tea _____

Dinner

Protein _____
Vegetable _____
Salad _____
Coffee/Tea _____

Water

Each glass 8 oz. min.

Total Carbs = _____

Extras _____

Supplement _____

Bar _____

DAY 3

Breakfast

Protein _____
Supplement _____
Coffee/Tea _____

Lunch

Protein _____
Vegetable _____
Supplement _____
Coffee/Tea _____

Dinner

Protein _____
Vegetable _____
Salad _____
Coffee/Tea _____

Water

Each glass 8 oz. min.

Total Carbs = _____

Extras _____

Supplement _____

Bar _____

DAY 4

Breakfast

Protein _____
Supplement _____
Coffee/Tea _____

Lunch

Protein _____
Vegetable _____
Supplement _____
Coffee/Tea _____

Dinner

Protein _____
Vegetable _____
Salad _____
Coffee/Tea _____

Water

Each glass 8 oz. min.

Total Carbs = _____

Extras _____

Supplement _____

Bar _____



FOOD DIARY

DAY 5

Breakfast

Protein _____
Supplement _____
Coffee/Tea _____

Lunch

Protein _____
Vegetable _____
Supplement _____
Coffee/Tea _____

Dinner

Protein _____
Vegetable _____
Salad _____
Coffee/Tea _____

Water

Each glass 8 oz. min.

Total Carbs = _____

Extras _____
Supplement _____
Bar _____

DAY 6

Breakfast

Protein _____
Supplement _____
Coffee/Tea _____

Lunch

Protein _____
Vegetable _____
Supplement _____
Coffee/Tea _____

Dinner

Protein _____
Vegetable _____
Salad _____
Coffee/Tea _____

Water

Each glass 8 oz. min.

Total Carbs = _____

Extras _____
Supplement _____
Bar _____

DAY 7

Breakfast

Protein _____
Supplement _____
Coffee/Tea _____

Lunch

Protein _____
Vegetable _____
Supplement _____
Coffee/Tea _____

Dinner

Protein _____
Vegetable _____
Salad _____
Coffee/Tea _____

Water

Each glass 8 oz. min.

Total Carbs = _____

Extras _____
Supplement _____
Bar _____

VITAMINS

EXERCISE

SIGNATURE

Name

Date