

NUTRITION AND EXERCISE JOURNAL

Day ___ of 21

Include everything you eat and drink throughout each day.

Breakfast _____

How I felt after _____

Snacks _____

How I felt after _____

Lunch _____

How I felt after _____

Dinner _____

How I felt after _____

Extras (alcohol, dessert, additional snacks) _____

How I felt after _____

Glasses of Water _____

Exercise _____

Type _____

Duration _____

How I felt after _____

Time I went to bed and how I felt when I went to bed _____

Time I woke up in the morning and how I felt when I woke up _____

For more information visit:

www.abbymason.com