

Day _____	Description of Food/Beverage and the quantity/serving size consumed for each food product	Total calories	Total fat <u>calories</u> (do not use grams)	Total carbs (grams)	Total sugar (grams)	Total fiber (grams)	Total protein (grams)	Total chol. (mg)	Exercise and Activity Log
Breakfast									Type of Exercise or Activity:
Lunch									Duration:
Dinner									Calories Burned:
Snacks									X
X	TOTALS:								X

Name:

Period:

Cycle Days:

Basal Metabolic Rate: