

Name \_\_\_\_\_

Mon Tue Wed Thu Fri Sat Sun

Date \_\_\_\_\_

DAILY NUTRITION JOURNAL									
MEAL	FOOD / BEVERAGE QUANTITY	BLOCKS			HUNGER after 4-hrs				
		Protein	Carbs	Fats	1. Full	2. Satisfied	3. Neutral	4. Hungry	5. Starving
<b>BREAKFAST</b>					Write the number corresponding w/ your hunger level				
Time: _____									
Blocks: _____									
<b>LUNCH</b>									
Time: _____									
Blocks: _____									
<b>SNACK</b>									
Time: _____									
Blocks: _____									
<b>DINNER</b>									
Time: _____									
Blocks: _____									
<b>SNACK</b>									
Time: _____									
Blocks: _____									

**Commitment Level** (Circle One)

KickStart \_\_\_\_\_

Lifestyle \_\_\_\_\_


Performance \_\_\_\_\_

**Healthy Lifestyle Choices**

**Hrs of Sleep** (Circle Quantity)

3 4 5 6 7 8 9 10 11

**8oz Glasses of Water** (Circle Quantity)



**Physical Activity**

**Type:** \_\_\_\_\_

**Duration:** \_\_\_\_\_

**Intensity:** Hi Med Low

End of Day Summary - How Did I Feel Today? (Circle one number from each row)

<b>Physical:</b>	Energetic	1	2	3	4	5	Exhausted
<b>Mental:</b>	Calm	2	2	3	4	5	Stressed Out
<b>Emotional:</b>	Happy	3	2	3	4	5	Upset
<b>Performance:</b>	Excellent	4	2	3	4	5	Very Bad