Power Body Nutrition and Exercise Journal Sheet for _____

(day/month/year)

		Calories
Meal Number 1	_____	_____
Meal Number 2	_____	_____
Meal Number 3	_____	_____
Meal Number 4	_____	_____
Meal Number 5	_____	_____
Meal Number 6	_____	_____

Water (Circle the 10 Ounce Increments)

I I I I I I I I I I I I

How I am feeling today

Supplements and Medications

Exercise

Activity	*Duration*	*How I Felt*

Hours Slept _____

Weight (optional) _____