

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)

| | | | | | | | | | | |

How I am feeling today

Supplements and Medications

Exercise

Activity *Duration* *How I Felt*

Hours Slept _____

Weight (optional) _____