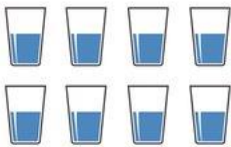


My Food Journal

Date _____

Meal	Food/Drink	Carbs	Fat	Calories	Total Calories
Breakfast					
Lunch					
Supper					
Snacks					
Totals for the Day					

Did you Drink 8 Glasses of Water?



How Did I Do Today? (circle one)

Excellent Great Ok Not Good Very Bad

Day In Review
