

NUTRITION and HEALTH LOG

Date: _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast							
Early Morning Snack							
Lunch							
Mid Afternoon Snack							
Dinner							
Post Dinner							
Total Glasses Water							
Total Fruit Servings							
Total Vegetable Servings							
Mood (1-10) Why?							