



Food Diary

Day/Date _____

Use this diary to record what you eat each day.

Eating Well Goals _____

Goals met?

Yes

No

MEAL	TIME & PLACE	FOOD & AMOUNT	HOW DID I FEEL? / WHAT WAS I DOING?
Breakfast			
Morning Snack			
Lunch			
Afternoon Snack			
Dinner			
Evening Snack			



Fitness Diary

Week/Date _____

Use this diary to record your physical activity each day.

Being Fit Goals _____

Goals met? Yes No

DAY	EXERCISE	DURATION	PACE	DISTANCE	CALORIES BURNED	HOW DID I FEEL AFTER?
M						
T						
W						
TH						
F						
S						
SU						