

Calories:
Motivation:

___Protein ___Dairy ___Nut ___Grain ___Legumes ___Veg 1 ___Veg 2 ___Fruits ___Oil

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast -Water-							
Supplement							
Snack -Water-							
Lunch -Water-							
Snack -Water-							
Dinner -Water-							
Snack -Water-							
Exercise							
Relaxation							
Feeling/ Physical Symptom							

Optimal
Wellness
Center

Food
Journal

Protein _____
Dairy _____
Nut _____
Grain _____
Legumes _____
Veg 1 _____
Veg 2 _____
Fruits _____
Oil _____

Protein _____
Dairy _____
Nut _____
Grain _____
Legumes _____
Veg 1 _____
Veg 2 _____
Fruits _____
Oil _____

Protein _____
Dairy _____
Nut _____
Grain _____
Legumes _____
Veg 1 _____
Veg 2 _____
Fruits _____
Oil _____

Protein _____
Dairy _____
Nut _____
Grain _____
Legumes _____
Veg 1 _____
Veg 2 _____
Fruits _____
Oil _____

Protein _____
Dairy _____
Nut _____
Grain _____
Legumes _____
Veg 1 _____
Veg 2 _____
Fruits _____
Oil _____

Protein _____
Dairy _____
Nut _____
Grain _____
Legumes _____
Veg 1 _____
Veg 2 _____
Fruits _____
Oil _____

Protein _____
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Veg 1 _____
Veg 2 _____
Fruits _____
Oil _____