



Monday

Meal/Time	Description	Beverages Count too!
<b>Breakfast</b> 🕒 Time: _____		How many of these beverages do you consume daily? (1 Serving = 8oz)
Snack 🕒 Time: _____		<input type="checkbox"/> Water
<b>Lunch</b> 🕒 Time: _____		<input type="checkbox"/> Black coffee
Snack 🕒 Time: _____		<input type="checkbox"/> Coffee with cream and/or sugar
<b>Dinner</b> 🕒 Time: _____		<input type="checkbox"/> Milk
Snack 🕒 Time: _____		<input type="checkbox"/> Plain tea
<b>Sleep</b>	3 4 5 6 7 8 9 10	
Physical Activity		<input type="checkbox"/> Tea with cream and/or sugar
Energy Level		<input type="checkbox"/> Fruit juice





Tuesday

Meal/Time	Description	Beverages Count too!
<b>Breakfast</b> 🕒 Time: _____		How many of these beverages do you consume daily? (1 Serving = 8oz)
Snack 🕒 Time: _____		<input type="checkbox"/> Water
<b>Lunch</b> 🕒 Time: _____		<input type="checkbox"/> Black coffee
Snack 🕒 Time: _____		<input type="checkbox"/> Coffee with cream and/or sugar
<b>Dinner</b> 🕒 Time: _____		<input type="checkbox"/> Milk
Snack 🕒 Time: _____		<input type="checkbox"/> Plain tea
<b>Sleep</b>	3 4 5 6 7 8 9 10	<input type="checkbox"/> Tea with cream and/or sugar
Physical Activity		<input type="checkbox"/> Fruit juice
Energy Level		<input type="checkbox"/> Soda





Wednesday

Meal/Time	Description	Beverages Count too!
<b>Breakfast</b> 🕒 Time: _____		How many of these beverages do you consume daily? (1 Serving = 8oz)
Snack 🕒 Time: _____		<input type="checkbox"/> Water
<b>Lunch</b> 🕒 Time: _____		<input type="checkbox"/> Black coffee
Snack 🕒 Time: _____		<input type="checkbox"/> Coffee with cream and/or sugar
<b>Dinner</b> 🕒 Time: _____		<input type="checkbox"/> Milk
Snack 🕒 Time: _____		<input type="checkbox"/> Plain tea
<b>Sleep</b>	3 4 5 6 7 8 9 10	
Physical Activity		<input type="checkbox"/> Tea with cream and/or sugar
Energy Level		<input type="checkbox"/> Fruit juice
		<input type="checkbox"/> Soda
		<input type="checkbox"/> Energy drinks
		<input type="checkbox"/> Alcohol



1 Serving of Beer= 12 oz  
 1 Serving of Wine = 5 oz  
 1 Serving of Liquor = 1.5 oz



Thursday

Meal/Time	Description	Beverages Count too!
<b>Breakfast</b> 🕒 Time: _____		How many of these beverages do you consume daily? (1 Serving = 8oz)
Snack 🕒 Time: _____		<input type="checkbox"/> Water
<b>Lunch</b> 🕒 Time: _____		<input type="checkbox"/> Black coffee
Snack 🕒 Time: _____		<input type="checkbox"/> Coffee with cream and/or sugar
<b>Dinner</b> 🕒 Time: _____		<input type="checkbox"/> Milk
Snack 🕒 Time: _____		<input type="checkbox"/> Plain tea
<b>Sleep</b>	3 4 5 6 7 8 9 10	<input type="checkbox"/> Tea with cream and/or sugar
Physical Activity		<input type="checkbox"/> Fruit juice
Energy Level		<input type="checkbox"/> Soda





Friday

Meal/Time	Description	Beverages Count too!
<b>Breakfast</b> 🕒 Time: _____		How many of these beverages do you consume daily? (1 Serving = 8oz)  <input type="checkbox"/> Water <input type="checkbox"/> Black coffee <input type="checkbox"/> Coffee with cream and/or sugar <input type="checkbox"/> Milk <input type="checkbox"/> Plain tea <input type="checkbox"/> Tea with cream and/or sugar <input type="checkbox"/> Fruit juice <input type="checkbox"/> Soda <input type="checkbox"/> Energy drinks <input type="checkbox"/> Alcohol 1 Serving of Beer= 12 oz 1 Serving of Wine = 5 oz 1 Serving of Liquor = 1.5 oz
Snack 🕒 Time: _____		
<b>Lunch</b> 🕒 Time: _____		
Snack 🕒 Time: _____		
<b>Dinner</b> 🕒 Time: _____		
Snack 🕒 Time: _____		
<b>Sleep</b>	3 4 5 6 7 8 9 10	
Physical Activity		
Energy Level		



Saturday

Meal/Time	Description	Beverages Count too!
<b>Breakfast</b> 🕒 Time: _____		How many of these beverages do you consume daily? (1 Serving = 8oz)
Snack 🕒 Time: _____		<input type="checkbox"/> Water
<b>Lunch</b> 🕒 Time: _____		<input type="checkbox"/> Black coffee
Snack 🕒 Time: _____		<input type="checkbox"/> Coffee with cream and/or sugar
<b>Dinner</b> 🕒 Time: _____		<input type="checkbox"/> Milk
Snack 🕒 Time: _____		<input type="checkbox"/> Plain tea
<b>Sleep</b>	3 4 5 6 7 8 9 10	
Physical Activity		<input type="checkbox"/> Tea with cream and/or sugar
Energy Level		<input type="checkbox"/> Fruit juice
		<input type="checkbox"/> Soda
		<input type="checkbox"/> Energy drinks
		<input type="checkbox"/> Alcohol 1 Serving of Beer= 12 oz 1 Serving of Wine = 5 oz 1 Serving of Liquor = 1.5 oz





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Snack 🕒 Time: _____		
<b>Lunch</b> 🕒 Time: _____		
Snack 🕒 Time: _____		
<b>Dinner</b> 🕒 Time: _____		
Snack 🕒 Time: _____		
<b>Sleep</b>	3 4 5 6 7 8 9 10	
Physical Activity		
Energy Level		

