Body Transformations 7 Day Diet Diary

Day 1: Wake Up Time:
Morning Meal Time:
Marring Charle Time
Morning Snack Time:
Mid-Day Meal Time:
Afternoon Snack Time:
Evening Meal Time:
Evening Snack Time:
Evening Shack Time.
Pure Water Consumption /in eurosch
Pure Water Consumption (in ounces):
Astivity/Fuguring (detail towns and downsting)
Activity/Exercise (detail type and duration)
Relaxation Activity:
Sleep Time:
Easy to fall asleep? Yes or No
Do you stay asleep? Yes or No
How long did you sleep?
<i>,</i> ,

Name:

Please complete your 7 Day Diet Log every day.

1. Make note of the time you wake up.

Date: _

- 2. List and describe in detail ALL foods & drinks including the amounts of each. Make note as to whether the food was fresh, frozen, canned, raw, cooked, baked, fried, etc. Note the time of each meal or snack. Be sure to list everything including each amount you eat or drink, including any condiments used (e.g. mayonnaise, mustard, relish).
- **3**. Keep Track of how much water you drink and list the amount in ounces (or ml or l) in the section provided. Also note the type and amount of any other drinks you consume.
- 4. Write down any activity or exercise you do listing the kind of exercise you did and for how long you did it.
- 5. Note any periods of relaxation and what kind of relaxation it was.
- 6. Note the time you go to sleep.

Please email this document to:
BodyTransformationsBYTrina@gmail.com or FAX to:
678-828-5865

	Protein:
	Legumes:
Only:	Dairy:
ō	Cat 1 Veggie:
Jse	Cat 2 Veggie:
9	Nuts & Seeds:
For Office Use	Oils:
r O	Fruits:
8	Grains:

Body Transformations 7 Day Diet Diary

Name: _____ Date: _____ Day 2: Wake Up Time: ______ Day 3: Wake Up Time: _____ Morning Meal Time: _____ Morning Meal Time: _____ Morning Snack Time: _____ Morning Snack Time: _____ Mid-Day Meal Time: _____ Mid-Day Meal Time: _____ Afternoon Snack Time: _____ Afternoon Snack Time: _____ Evening Meal Time: _____ Evening Meal Time: _____ Evening Snack Time: _____ Evening Snack Time: _____ Pure Water Consumption (in ounces): Pure Water Consumption (in ounces): Activity/Exercise (detail type & duration): Activity/Exercise (detail type & duration): Relaxation Activity: Relaxation Activity: Sleep Time: _____ Sleep Time: _____ Easy to fall asleep? Yes or No Easy to fall asleep? Yes or No Did you stay asleep? Yes or No Did you stay asleep? Yes or No How long did you sleep? _____ How long did you sleep? ____ Protein: Protein: _____ Legumes: _____ Legumes: _____ For Office Use Only For Office Use Only Dairy: _____ Dairy: _____ Cat 1 Veggies: _____ Cat 1 Veggies: _____ Cat 2 Veggies: _____ Cat 2 Veggies: _____ Nuts & Seeds: _____ Nuts & Seeds: _____ Oils: _____ Oils: _____ Fruits: Fruits: _____

Grains:

Grains:

Afternoon Snack Time: Afternoon Snack Time: Evening Meal Time: Evening Meal Time: Evening Snack Time: Evening Snack Time:		
Morning Meal Time: Morning Meal Time: Morning Snack Time: Morning Snack Time: Mid-Day Meal Time: Mid-Day Meal Time: Afternoon Snack Time: Evening Meal Time: Evening Meal Time: Evening Snack Time: Evening Snack Time: Evening Snack Time: Evening Snack Time:		
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Evening Meal Time: Evening Meal Time: Evening Snack Time: Evening Snack Time:		
Pure Water Consumption (in ounces): Pure Water Consumption (in ou	ınces):	
	Activity/Exercise (detail type & duration)	
Relaxation Activity: Relaxation Activity:		
Sleep Time:	· ————	
Sleep Time: Sleep Time: Easy to fall asleep? Yes or No Did you stay asleep? Yes or No Did you stay asleep? Yes or No	Sleep Time:	
Drotoin:		
Protein: Legumes: Legumes:		
Dairy: Cat 1 Veggies: Cat 1 Veggies: Cat 1 Veggies: Nuts & Seeds: Seeds: Oils: Fruits:		
Cat 2 Veggies:		
8 Nuts & Seeds: 9 Nuts & Seeds:		
Oils: Oils:		
Fruits:		
Fruits: Grains: Grains:		

·	Day Diet Diary Date:	
Day 6: Wake Up Time:	Day 7: Wake Up Time:	
Morning Meal Time:	Morning Meal Time:	
Morning Snack Time:	Morning Snack Time:	
Mid-Day Meal Time:	Mid-Day Meal Time:	
Afternoon Snack Time:	Afternoon Snack Time:	
Evening Meal Time:	Evening Meal Time:	
Evening Snack Time:	Evening Snack Time:	
Pure Water Consumption (in ounces): Activity/Exercise (detail type & duration):	Pure Water Consumption (in ounces): Activity/Exercise (detail type & duration	
Relaxation Activity:	Relaxation Activity:	
Sleep Time: Easy to fall asleep? Yes or No	Sleep Time: Easy to fall asleep? Yes or No	
Did you stay asleep? Yes or No	Did you stay asleep? Yes or No	
How long did you sleep?	How long did you sleep?	
Protein: Legumes: Dairy: Cat 1 Veggies: Nuts & Seeds: Oils: Fruits: Grains:	Protein: Legumes: Dairy: Cat 1 Veggies: Nuts & Seeds: Oils: Fruits:	