

Body Transformations 7 Day Diet Diary

Name: _____

Date: _____

Day 1: Wake Up Time: _____
Morning Meal Time: _____
Morning Snack Time: _____
Mid-Day Meal Time: _____
Afternoon Snack Time: _____
Evening Meal Time: _____
Evening Snack Time: _____
Pure Water Consumption (in ounces):
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?

Please complete your 7 Day Diet Log every day.

1. Make note of the time you wake up.
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

For Office Use Only:	Protein: _____
	Legumes: _____
	Dairy: _____
	Cat 1 Veggie: _____
	Cat 2 Veggie: _____
	Nuts & Seeds: _____
	Oils: _____
	Fruits: _____
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: _____ Easy to fall asleep? Yes or No Did you stay asleep? Yes or No How long did you sleep? _____	Sleep Time: _____ Easy to fall asleep? Yes or No Did you stay asleep? Yes or No How long did you sleep? _____

For Office Use Only	Protein: _____ Legumes: _____ Dairy: _____ Cat 1 Veggies: _____ Cat 2 Veggies: _____ Nuts & Seeds: _____ Oils: _____ Fruits: _____ Grains: _____	For Office Use Only	Protein: _____ Legumes: _____ Dairy: _____ Cat 1 Veggies: _____ Cat 2 Veggies: _____ Nuts & Seeds: _____ Oils: _____ Fruits: _____ Grains: _____
----------------------------	--	----------------------------	--

Body Transformations 7 Day Diet Diary

Name: _____

Date: _____

Day 4: Wake Up Time: _____	Day 5: 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: _____ Easy to fall asleep? Yes or No Did you stay asleep? Yes or No How long did you sleep? _____	Sleep Time: _____ Easy to fall asleep? Yes or No Did you stay asleep? Yes or No How long did you sleep? _____

For Office Use Only	Protein: _____ Legumes: _____ Dairy: _____ Cat 1 Veggies: _____ Cat 2 Veggies: _____ Nuts & Seeds: _____ Oils: _____ Fruits: _____ Grains: _____	For Office Use Only	Protein: _____ Legumes: _____ Dairy: _____ Cat 1 Veggies: _____ Cat 2 Veggies: _____ Nuts & Seeds: _____ Oils: _____ Fruits: _____ Grains: _____
----------------------------	--	----------------------------	--

Body Transformations 7 Day Diet Diary

Name: _____

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): _____	Pure Water Consumption (in ounces): _____
Activity/Exercise (detail type & duration):	Activity/Exercise (detail type & duration):
Relaxation Activity:	Relaxation Activity:
Sleep Time: _____ Easy to fall asleep? Yes or No Did you stay asleep? Yes or No How long did you sleep? _____	Sleep Time: _____ Easy to fall asleep? Yes or No Did you stay asleep? Yes or No How long did you sleep? _____

For Office Use Only	Protein: _____ Legumes: _____ Dairy: _____ Cat 1 Veggies: _____ Cat 2 Veggies: _____ Nuts & Seeds: _____ Oils: _____ Fruits: _____ Grains: _____	For Office Use Only	Protein: _____ Legumes: _____ Dairy: _____ Cat 1 Veggies: _____ Cat 2 Veggies: _____ Nuts & Seeds: _____ Oils: _____ Fruits: _____ Grains: _____
----------------------------	--	----------------------------	--