

Time	Exercise Type:		
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DAY 3: DAY:

Time	Food and Approximate Portion	Beverage	How Felt Before/After Ex: (tired, hungry, anxious, etc)
Time	Exercise Type:		

DAY 4: DAY:

Time	Food and Approximate Portion	Beverage	How Felt Before/After Ex: (tired, hungry, anxious, etc)
Time	Exercise Type:		

DAY 5: DAY:

Time	Food and Approximate Portion	Beverage	How Felt Before/After Ex: (tired, hungry, anxious, etc)
Time	Exercise Type:		

DAY 6: DAY:

Time	Food and Approximate Portion	Beverage	How Felt Before/After Ex: (tired, hungry, anxious, etc)
Time	Exercise Type:		

DAY 7: DAY:

Time	Food and Approximate Portion	Beverage	How Felt Before/After Ex: (tired, hungry, anxious, etc)
Time	Exercise Type:		