

**STRENGTH FOR LIFE DAILY NUTRITION & AWARENESS PRACTICE**

NAME \_\_\_\_\_

DATE \_\_\_\_\_ WEEK \_\_\_\_\_

	FOODS and BEVERAGES CONSUMED	BODY + MIND STATE	WATER/TIME
MEAL #1 Time:			
AM [ ]			
PM [ ]			
MEAL #2 Time:			
AM [ ]			
PM [ ]			
MEAL #3 Time:			
AM [ ]			
PM [ ]			
MEAL #4 Time:			
AM [ ]			
PM [ ]			
MEAL #5 Time:			
AM [ ]			
PM [ ]			
OTHER Time:			
AM [ ]			
PM [ ]			