

Nutrition Log

In as much detail as possible record everything you eat and drink in the day.

Date: _____

Meal 1	
Time	
Snack	
Time	
Meal 2	
Time	
Snack	
Time	
Meal 3	
Time	
Snack	
Time	
Hydration (drinks)	
Supplements	
Training Session	On a scale of 1 - 10 (1 being the worst, 10 being great) how did you feel, how was your energy levels, during your workout? 1 2 3 4 5 6 7 8 9 10 Comments:
Sleep	How long: _____ hrs Quality of your sleep: _____
Others/ Comments	

Date: _____

Meal 1	
Time	
Snack	
Time	
Meal 2	
Time	
Snack	
Time	
Meal 3	
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