

# On Target Living—DAILY FOOD LOG

DAILY FOOD LOG								
Day: _____				Date: _____				
MEAL	DESCRIPTION						TARGET	
Breakfast Time: _____								
Snack 1 Time: _____								
Lunch Time: _____								
Snack 2 Time: _____								
Dinner Time: _____								
Snack 3 Time: _____								
Water (8 oz.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SuperFoods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy Fats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep (hours)	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	
Activity/exercise	<input type="checkbox"/> Dynamic	<input type="checkbox"/> Foundations	<input type="checkbox"/> Cardio	<input type="checkbox"/> Strength	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Other		
Breathing breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meditation/napping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments								