

Date _____

Remember your good CENTS: Chew, Eat, Nibble, Taste and Sip

Focus (from video)	Breakfast		Snack		Lunch		Snack		Dinner		Snack	
	Time		Time		Time		Time		Time		Time	
Location												
Calories →												
Fruits _____ Veggies _____ Water _____ Supplements _____ Protein _____ grams (____ %) Fat _____ grams (____%) Carbs _____ grams (____ %)											Total calories for day: _____	

*- note any snacks, meals or drinks where you feel you consumed too much.

Exercise	Activity	Duration	Intensity	Calories Burned
Soreness (1-10) _____				
Celebration			Resting HR	Confidence (1-10)
Mood/Notes			BMR _____ (calories needed)	Intake _____ (calories consumed)
			Expenditure _____ (calories used)	