

KAILO FOOD & ACTIVITY JOURNAL

NAME:				DAY/DATE:	
NUTRIENT GROUP					TOTALS
Carbohydrates:	Grains _____	Veggies _____	Fruits _____		_____
Proteins:	Meats _____	Dairy _____	Legumes/Nuts/Seeds _____		_____
Fats:	Liquids _____	Solids _____			_____
ITEM	TIME	AMOUNT	PHYSICAL/EMOTIONAL CHECK-IN		
Breakfast:					
Snack:					
Lunch:					
Snack:					
Dinner:					
Snack:					
EXTRA MOVEMENT			DURATION	TIME	
WATER:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				