

# Daily Food Journal

For use with Pathway Genomics Diet Guidelines according to your matching diet type



DATE: \_\_\_\_\_

PROTEIN FATS CARBS FRUITS

MY DAILY GOAL \_\_\_\_\_

MON TUES WED THURS FRI SAT SUN (CIRCLE) MY DAILY TOTAL \_\_\_\_\_

## BREAKFAST



TIME OF DAY  
:

## LUNCH



TIME OF DAY  
:

## DINNER



TIME OF DAY  
:

## SNACKS



TIME OF DAY  
:

		# OF SERVINGS					
QTY	MEASURE	FOOD	PROTEIN	FATS	CARBS	FRUITS	MOOD
							BEFORE:
							AFTER:
TOTALS:							
							BEFORE:
							AFTER:
TOTALS:							
							BEFORE:
							AFTER:
TOTALS:							
							BEFORE:
							AFTER:
TOTALS:							

WORKOUT DESCRIPTION	DURATION	MOOD BEFORE	MOOD AFTER
MY OVERALL DAY IN REVIEW	MOOD START OF DAY	MOOD END OF DAY	
HOW DID I DO TODAY?	GREAT	OKAY	NOT WELL (CIRCLE ONE)

### WATER INTAKE (8oz each cup)



### NON-STARCHY VEGETABLE SERVINGS



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