Michael Hirt, M.D.,

A Professional Corporation

FUELING AND FITNESS LOG

Name:_____ Phone:_____ Date:_____

My nutrition goal for today is:_____

For relaxation today, I did (mark one) ____deep breathing ____stretching ____other:_____

I exercised for____minutes today. Type:_____ Intensity: Low/ Med/ Med-Hi/ Hi

Time	***What & How Much***	***Answer 3 Questions at each Meal or Snack*** 1. Hunger/Energy/Symptoms Before Eating? 2. Hunger/Energy/Symptoms After Eating? 3. Any Sugar/Carbs Cravings? For What? What did you do?
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