

# NUTRITION LOG



Name: **Zach**

DOW: **Monday** Date: **5/10/10**

Wake-up time: **6am**

Bed time: **10:30pm**

Exercise: **Lower Body workout w/30 min. on treadmill**

Vitamins: **multi, D3, Fish Oil, Ubermag**

<b>Meal #1:</b> 2 scoops whey protein w/16oz. water ½ cup oatmeal (dry) ½ cup mixed berries  Where did you eat? <b>home</b>	Time: <b>6:30am</b>	lean protein <input checked="" type="checkbox"/> Y <input type="checkbox"/> N vegetable <input type="checkbox"/> Y <input checked="" type="checkbox"/> N healthy fat <input type="checkbox"/> Y <input checked="" type="checkbox"/> N carbohydrate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N water <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	How are you feeling?  <b>Tired, getting ready to go to work</b>
--	---------------------	--	---

<b>Meal #2:</b> 4 turkey sausage links 2 whole eggs 1 cup spinach 8 oz water  Where did you eat? <b>work</b>	Time: <b>8:30am</b>	lean protein <input checked="" type="checkbox"/> Y <input type="checkbox"/> N vegetable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N healthy fat <input checked="" type="checkbox"/> Y <input type="checkbox"/> N carbohydrate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N water <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	How are you feeling? _____ _____ _____ _____
--	---------------------	--	--

<b>Meal #3:</b> 1 scoop whey protein w/8oz water 1 oz. almonds ½ cup broccoli  Where did you eat? <b>work</b>	Time: <b>11am</b>	lean protein <input checked="" type="checkbox"/> Y <input type="checkbox"/> N vegetable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N healthy fat <input checked="" type="checkbox"/> Y <input type="checkbox"/> N carbohydrate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N water <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	How are you feeling?  <b>Enjoying working w/my clients</b>
--	-------------------	--	--

<b>Meal #4:</b> 1 chicken breast w/olive oil seasoning ½ cup brown rice ½ cup mixed greens 16oz water  Where did you eat? <b>work</b>	Time: <b>1:30pm</b>	lean protein <input checked="" type="checkbox"/> Y <input type="checkbox"/> N vegetable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N healthy fat <input type="checkbox"/> Y <input checked="" type="checkbox"/> N carbohydrate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N water <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	How are you feeling? _____ _____ _____ _____
---	---------------------	--	--

<b>Meal #5:</b> 1 scoop whey protein w/8oz water ½ apple ½ cup dry oatmeal  Where did you eat? <b>car</b>	Time: <b>4:30pm</b>	lean protein <input checked="" type="checkbox"/> Y <input type="checkbox"/> N vegetable <input type="checkbox"/> Y <input checked="" type="checkbox"/> N healthy fat <input type="checkbox"/> Y <input checked="" type="checkbox"/> N carbohydrate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N water <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	How are you feeling?  <b>Ready to go home and spend time with my boys</b>
--	---------------------	--	---

<b>Meal #6:</b> Turkey burger Green salad (romaine and spinach) 16 oz water  Where did you eat? <b>home</b>	Time: <b>8pm</b>	lean protein <input checked="" type="checkbox"/> Y <input type="checkbox"/> N vegetable <input checked="" type="checkbox"/> Y <input type="checkbox"/> N healthy fat <input checked="" type="checkbox"/> Y <input type="checkbox"/> N carbohydrate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N water <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	How are you feeling?  <b>Ready to relax before bed</b>
--	------------------	--	--