



Personal Health Series  
**Energy Balance**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Energy Tracker

Instructions: Track your energy balance. Fill in the foods you eat and their caloric values, as well as your exercises and their calorie-burning power. Answer the questions about your energy balance.

DAY 1	Food	Time Eaten	Calories	Exercise	Time Began	Duration	Calories Burned
Breakfast							
Lunch							
Dinner							
Snacks							
Did you feel tired today? If so, when?							

DAY 2	Food	Time Eaten	Calories	Exercise	Time Began	Duration	Calories Burned
Breakfast							
Lunch							
Dinner							
Snacks							
Did you feel tired today? If so, when?							

DAY 3	Food	Time Eaten	Calories	Exercise	Time Began	Duration	Calories Burned
Breakfast							
Lunch							
Dinner							
Snacks							
Did you feel tired today? If so, when?							

1. Did your calories consumed and calories burned balance each other out each day? If not, how did they differ? \_\_\_\_\_
2. Did you feel tired on any day? How does your energy balance help explain your fatigue? \_\_\_\_\_
3. Did anything about the Energy Tracker results surprise you? If so, what? \_\_\_\_\_