

DATE: _____ TOTAL DAILY CALORIES: <input type="text"/> Wake Up Time: _____ Hours: _____	DATE: _____ TOTAL DAILY CALORIES: <input type="text"/> Wake Up Time: _____ Hours: _____	DATE: _____ TOTAL DAILY CALORIES: <input type="text"/> Wake Up Time: _____ Hours: _____
<b>Meal Information</b>	<b>Meal Information</b>	<b>Meal Information</b>
<b>1<sup>st</sup> Meal Time:</b>	<b>1<sup>st</sup> Meal Time:</b>	<b>1<sup>st</sup> Meal Time:</b>
Total Calories:	Total Calories:	Total Calories:
<b>Snack (If Medically Indicated)</b>	<b>Snack (If Medically Indicated)</b>	<b>Snack (If Medically Indicated)</b>
Total Calories:	Total Calories:	Total Calories:
<b>2<sup>nd</sup> Meal Time:</b>	<b>2<sup>nd</sup> Meal Time:</b>	<b>2<sup>nd</sup> Meal Time:</b>
Total Calories:	Total Calories:	Total Calories:
<b>Snack (If Medically Indicated)</b>	<b>Snack (If Medically Indicated)</b>	<b>Snack (If Medically Indicated)</b>
Total Calories:	Total Calories:	Total Calories:
<b>3<sup>rd</sup> Meal Time:</b>	<b>3<sup>rd</sup> Meal Time:</b>	<b>3<sup>rd</sup> Meal Time:</b>
Total Calories:	Total Calories:	Total Calories:
<b>Water/Drinks: 8 oz Increments</b>	<b>Water/Drinks: 8 oz Increments</b>	<b>Water/Drinks: 8 oz Increments</b>
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
<b>Activity/Exercise</b>	<b>Activity/Exercise</b>	<b>Activity/Exercise</b>
Type:	Type:	Type:
Duration:	Duration:	Duration:
Shakes: 1 (2x)      Legumes: 1 (2x) Cat 2 Veg: 0 1      Fruits: 1 2 Proteins: 1 2      WH Grains: 0 1 Nuts/Seeds: 1 2      Cat 1 Veg: 1 2 3 4 + Fats: 1 2 3 4      Vitamins: 1	Shakes: 1 (2x)      Legumes: 1 (2x) Cat 2 Veg: 0 1      Fruits: 1 2 Proteins: 1 2      WH Grains: 0 1 Nuts/Seeds: 1 2      Cat 1 Veg: 1 2 3 4 + Fats: 1 2 3 4      Vitamins: 1	Shakes: 1 (2x)      Legumes: 1 (2x) Cat 2 Veg: 0 1      Fruits: 1 2 Proteins: 1 2      WH Grains: 0 1 Nuts/Seeds: 1 2      Cat 1 Veg: 1 2 3 4 + Fats: 1 2 3 4      Vitamins: 1
Stress Technique:	Stress Technique:	Stress Technique:
Meal Prep for Tomorrow: Y or N	Meal Prep for Tomorrow: Y or N	Meal Prep for Tomorrow: Y or N
Personal Goal for Tomorrow:	Personal Goal for Tomorrow:	Personal Goal for Tomorrow: