

FOOD DIARY

WEEK OF: _____

MONDAY		TUESDAY		WEDNESDAY		THURSDAY	
Date: _____		Date: _____		Date: _____		Date: _____	
Weight: _____		Weight: _____		Weight: _____		Weight: _____	
Exercise: _____		Exercise: _____		Exercise: _____		Exercise: _____	
B.P.: _____		B.P.: _____		B.P.: _____		B.P.: _____	
Breakfast _____ _____ _____ _____		Breakfast _____ _____ _____ _____		Breakfast _____ _____ _____ _____		Breakfast _____ _____ _____ _____	
Lunch _____ _____ _____ _____		Lunch _____ _____ _____ _____		Lunch _____ _____ _____ _____		Lunch _____ _____ _____ _____	
Dinner _____ _____ _____ _____		Dinner _____ _____ _____ _____		Dinner _____ _____ _____ _____		Dinner _____ _____ _____ _____	
Mortons Lite Salt		Mortons Lite Salt		Mortons Lite Salt		Mortons Lite Salt	
WATER	-----	WATER	-----	WATER	-----	WATER	-----
VITAMIN NUTRIENTS PLUS CAPSULES	-	VITAMIN NUTRIENTS PLUS CAPSULES	-	VITAMIN NUTRIENTS PLUS CAPSULES	-	VITAMIN NUTRIENTS PLUS CAPSULES	-
GAVE BEG #	-----	GAVE BEG #	-----	GAVE BEG #	-----	WEEKEND PLANS	-----
WT. SUBGOAL	-----	WT. SUBGOAL	-----	WT. SUBGOAL	-----	REVIEW BEG #	-----
REWARD	-----	REWARD	-----	REWARD	-----		
WEEKLY LIMITS:		BEEF__		WHOLE EGGS	-----		
		DIET TUNA__		COTTAGE CHEESE	---		

FRIDAY		SATURDAY		SUNDAY	
Date: _____		Date: _____		Date: _____	
Weight: _____		Weight: _____		Weight: _____	
Exercise: _____		Exercise: _____		Exercise: _____	
B.P.: _____		B.P.: _____		B.P.: _____	
Breakfast _____ _____ _____ _____		Breakfast _____ _____ _____ _____		Breakfast _____ _____ _____ _____	
Lunch _____ _____ _____ _____		Lunch _____ _____ _____ _____		Lunch _____ _____ _____ _____	
Dinner _____ _____ _____ _____		Dinner _____ _____ _____ _____		Dinner _____ _____ _____ _____	
Mortons Lite Salt		Mortons Lite Salt		Mortons Lite Salt	
WATER _____		WATER _____		WATER _____	
VITAMIN _____		VITAMIN _____		VITAMIN _____	
NUTRIENTS _____		NUTRIENTS _____		NUTRIENTS _____	
PLUS _____		PLUS _____		PLUS _____	
CAPSULES _____		CAPSULES _____		CAPSULES _____	
WEEKEND PLANS _____					
REVIEW BEG # _____					

POUNDS LOST:
 This Week: _____
 Total: _____

MEASUREMENTS:
Date: _____
 Bust: _____
 Waist: _____
 Hips: _____

INCHES LOST:
 This Week: _____
 Total: _____

