

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

		WRITE DOWN EVERYTHING YOU EAT & DRINK	Whole Grains	Vegetables	Fruits	Protein	Water	Extras	Total Calories
Monday (Time)	Breakfast								
	Snack								
	Lunch								
	Snack								
	Dinner								
	TOTAL								
Tuesday (Time)	Breakfast								
	Snack								
	Lunch								
	Snack								
	Dinner								
	TOTAL								
Wednesday (Time)	Breakfast								
	Snack								
	Lunch								
	Snack								
	Dinner								
	TOTAL								
Thursday (Time)	Breakfast								
	Snack								
	Lunch								
	Snack								
	Dinner								
	TOTAL								
Friday (Time)	Breakfast								
	Snack								
	Lunch								
	Snack								
	Dinner								
	TOTAL								
Saturday (Time)	Breakfast								
	Snack								
	Lunch								
	Snack								
	Dinner								
	TOTAL								
Sunday (Time)	Breakfast								
	Snack								
	Lunch								
	Snack								
	Dinner								
	TOTAL								
			W: 1/day M: 2/day	W: 4/day M: 5/day	W: 3/day M: 4/day	4 Size of your hand	At least 8 per day	More than 1 = off track!	Calorieking.co m

**How would you rate yourself for this week? Be honest with yourself and see what you can change tomorrow!**

1: I didn't try very hard

2: I made 1 or 2 improvements

3: Some good days/some bad

4: I did almost everything I could

5: I had an excellent week and look forward to next week!

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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