

DAILY CHECKLISTS

Date: ___ / ___ / ___

What you do every day matters more than what you do once in a while.

Breakfast	Calories

Mid-Morning Snack	Calories

Lunch	Calories

Mid-Afternoon Snack	Calories

Dinner	Calories

Calories Allotted for the Day	
Total Calories You Ate	

AM:



NOON:

PM:

Lifestyle Guidelines: (✓ = Yes X = No)

- Did you follow nutritional guidelines?
- Did you take all of your supplements?
- Did you track your calories?
- Did you stay within your calorie budget?
- Did you drink $\frac{1}{2}$ your weight in oz. of water?
- Did you exercise? ____ min.

- Did you sleep at least 8 hours? ____ hrs.
- Did you apply exercise gel before exercise?
- Did you apply anti-cellulite lotion after showering?
- Write down questions for next appointment: