

DAILY CHECKLISTS

Date: __/__/__

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

| Breakfast | Calories |
|-----------|----------|
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| Mid-Morning Snack | Calories |
|-------------------|----------|
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| Lunch | Calories |
|-------|----------|
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| Mid-Afternoon Snack | Calories |
|---------------------|----------|
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| Dinner | Calories |
|--------|----------|
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| | |
|--------------------------------------|--|
| Calories Allotted for the Day | |
| Total Calories You Ate | |

Log Any Emotions or Situations that Affected Your Eating Today:

[illegible]



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:
