Date_____ Daily Record

MEAL PLAN

	FOOD	PORTION	CALORIES	FAT (G)
BREAKFAST				
			Total Calories_____	
LUNCH				
			Total Calories_____	
DINNER				
			Total Calories_____	

PLANNED EATING **Total Calories**_____

UNPLANNED EATING

TIME	FOOD	CALORIES	SITUATION/FEELINGS

Total Daily Calories_____

(Include any calories from unplanned eating)

EXERCISE PLAN

ACTIVITY	DURATION	COMMENTS
Aerobic:		
Strength:		
Stretching:		

THINKING ABOUT TODAY

How I felt about myself today:

What I did well today:

How I can make tomorrow better:

"A goal without a plan is just a *wish*"