



Session/Dates: _____ Name/Participant #: _____ Starting Wt: _____ Current Wt: _____

Nutrition Goal: _____ *Use for Class Review?: YES NO

Date/Day	Portion	Calories	Portion	Calories	Portion	Calories
Breakfast						
Lunch						
Dinner						
Optional Snacks:						
Water (8 oz):	○○○○○○○○○○		○○○○○○○○○○		○○○○○○○○○○	
Daily Total for Calories						
Circle:	<i>I did it!</i>	<i>Almost</i>	<i>Try Again</i>	<i>I did it!</i>	<i>Almost</i>	<i>Try Again</i>

*Moods/Thoughts/Emotions/Comments: _____

Please Be Detailed when Filling in the Type of Foods, Beverages, and Portion sizes. Don't Forget to Total the Daily Calories.



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Breakfast									
Lunch									
Dinner									
Optional Snacks:									
Water (oz):	○○○○○○○○		○○○○○○○○		○○○○○○○○		○○○○○○○○		
Daily Total for Calories									
Circle:	<i>I did it!</i>	<i>Almost</i>	<i>Try Again</i>	<i>I did it!</i>	<i>Almost</i>	<i>Try Again</i>	<i>I did it!</i>	<i>Almost</i>	<i>Try Again</i>

*Moods/Thoughts/Emotions/Comments: _____