DAY DATE

Asleep_____ pm Awake_____ pm Slept well? Yes No

Read Vision Statement: am pm

Water

Stress (1-10) Any hunger? Y/N Cravings? Y/N

12 hours or less

Meal 1 Protein

am

Fat

Low carb

Snack (am)

Meal 2 Protein

pm

Fat

Low carb

Snack (pm)

Meal 3 Protein

pm

Fat

Low carb

Moderate carb Meal ___

Higher carb Meal ___

Highest carb Meal ___

Extras? Alcohol

Successes

Challenges

Exercise

Questions?

BPM WEIGHT