

Weekly Food Log

Name: _____

Program/Number Meal _____ Week of: _____

Meal/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Morning Snack							
Lunch							
Afternoon Snack							
Dinner							
Evening Snack							
Meal Replacement							
Water Intake ¹							
Exercise Activity ²							

For patients on meal plans using food, record specific portion sizes (e.g. 1/2 cup of peas, 4 oz white skinless turkey, 1 teaspoon fat free salad dressing, 4 oz skim milk)

1 To help facilitate weight loss, water intake is very important. Drinking EIGHT 8-oz glasses of water/day is required. Check off on chart.

2 Write in the description of exercise including duration, intensity and activity. (i.e. walking for 20 minutes at a slow speed—5 blocks or 1/2 mile)

NOTE: Do not skip supplements, as this will rob you of vital nutrition that your body needs on a daily basis. Skipping the supplements will not help you lose weight faster! The meal plans and products have been designed for safe, effective weight loss. Remember that the program works if you work the program.