



# 1600 Calorie Plan Daily Journal

<b>Time</b> Record the time of day you had each meal.	<b>Food Items</b> Describe meals including brand names, restaurant names, method of preparation and condiments. Weigh your portions and record their amounts or serving sizes (cup, teaspoon, ounces, etc.) Be sure to include any Cornerstone Shakes or MetAssist tablets.	<b>Mood and Hunger</b> During this meal time how were you feeling? Rate your hunger on a scale of 1-10, 10 being most hungry.		<b>Water</b> Strive to drink half of your body weight in ounces.
<b>Breakfast _____</b> Shake Fruit Protein Starch MetAssist OmegaHealth				
<b>Morning Snack _____</b> Fruit				
<b>Lunch _____</b> Shake Protein Vegetable Fat MetAssist				
<b>Afternoon Snack _____</b> Fruit Dairy				
<b>Dinner _____</b> Protein Vegetable Fat Starch MetAssist				

## Hours of Sleep

1-2    3-4    5-6    7-8    9-10

## Stress Level (1=Low, 10= High)

1    2    3    4    5

## Energy Level (1=Low, 10= High)

1    2    3    4    5

## Motivation Level (1=Low, 10= High)

1    2    3    4    5

I'm Thankful For:

Notable parts of my day:

Today's Struggle:

Today's Victory:

Today's Physical Activities:

