



1800 Calorie Plan Daily Journal

Time Record the time of day you had each meal.	Food Items 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.	Mood and Hunger During this meal time how were you feeling? Rate your hunger on a scale of 1-10, 10 being most hungry.		Water Strive to drink half of your body weight in ounces.
Breakfast _____ Shake Fruit Protein Starch MetAssist OmegaHealth				
Morning Snack _____ Fruit				
Lunch _____ Shake Protein Vegetable Starch Dairy MetAssist				
Afternoon Snack _____ Vegetable Fat				
Dinner _____ Protein Vegetable 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:

