

Daily Checklist

Date: _____

Morning Weight: _____

Protein & Fat		
	Protein	Fat
Breakfast	<input type="checkbox"/>	<input type="checkbox"/>
Lunch	<input type="checkbox"/>	<input type="checkbox"/>
Dinner	<input type="checkbox"/>	<input type="checkbox"/>

Veggies	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Fruit	Low-Glycemic Starches		Snacks	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water	8	8	8	8	8	8
Fiber	5	5	5	5	5	5

Exercise: _____

Notes: _____

