



RECOVERING COUCH POTATO FITNESS – WEIGHT LOSS CHALLENGE

Daily Food Log (Date: _____, Client Name: _____)

Meal	Food / Drink / Condiments	Portion	Location	Calories	Comments, if any.
Breakfast: Time: _____ AM					
Lunch: Time: _____ AM / PM					
Supper: Time: _____ PM					
Snacks: Times: 1 _____ AM / PM 2 _____ AM / PM 3 _____ AM / PM 4 _____ AM / PM 5 _____ AM / PM	Snack # _____				
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	Snack # _____				
	Snack # _____				
Recommended diet consist of 20-35% Fat, 10-35% Protein and 45-65% Carbohydrates					
Cups of Water: 1 2 3 4 5 6 7 8 9 10					
Cups of Other: 1 2 3 4 5 6 7 8 9 10 List all:					
This log is to assist in reviewing eating habits and finding opportunities to improve health. It does not consider factors for specific conditions, which may require Doctor approval.					