



# Daily Food Journal

Keeping a daily journal of your meal and snack selections will help assure your success. At the end of each day take a moment and think like a food detective to determine those Zone meals and snacks you enjoy without hunger for a lifetime of success.

Date: \_\_\_\_\_

	Proteins <small>(e.g. chicken, fish, beef and turkey) Example: 1 ounce chicken breast, 1 ounce beef, 1 ounce turkey breast</small>		Carbohydrates <small>(e.g. vegetables, legumes, fruits, and condiments) Example: ½ cup spinach, ¼ cup black beans, 1 large apple</small>		Fats <small>(e.g. oils, nut butters, nuts and avocado) Example: 1 tsp olive oil, 10 olives, 1 tsp peanut butter, 2 Tbsp hummus.</small>		My Hunger Is... <small>(Four Hours After Meal)</small> 1) Extremely Full 2) Satisfied 3) No Particular Feeling 4) Hungry	I Am Feeling... <small>(Comment on ability to think clearly, alertness, grogginess, bloating, etc.)</small>
	Ingredient	Amount	Ingredient	Amount	Ingredient	Amount		
Breakfast Time _____	_____	_____	_____	_____	_____	_____	1 2 3 4 5 <i>Please Circle</i>	_____
Lunch Time _____	_____	_____	_____	_____	_____	_____	1 2 3 4 5 <i>Please Circle</i>	_____
MidAfternoon SnackTime _____	_____	_____	_____	_____	_____	_____	1 2 3 4 5 <i>Please Circle</i>	_____
Dinner Time _____	_____	_____	_____	_____	_____	_____	1 2 3 4 5 <i>Please Circle</i>	_____
After-Dinner Snack Time _____	_____	_____	_____	_____	_____	_____	1 2 3 4 5 <i>Please Circle</i>	_____

### Anti-Inflammatory Supplements

- OmegaRx \_\_\_\_\_ Caps
- Polyphenols \_\_\_\_\_ Caps
- SeaHealth Plus \_\_\_\_\_ Tbsp.

### Water

Check box for each glass  
(1 glass = 8 fluid ounces)

Aim for at least 8 glasses per day

### Exercise

- Exercise Aerobic \_\_\_\_\_ minutes
- Strength \_\_\_\_\_ minutes
- Stretching \_\_\_\_\_ minutes

### Measurements

Weight: \_\_\_\_\_ Lbs.      Waist Circumference: \_\_\_\_\_ Inches

**Questions?**  
**Call our Customer Service team at**  
**1-800-404-8171**  
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