

SHAPE Program Food Diary

Week of: _____

Start Weight: _____

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|---------------|-----------------------------|-------------|---------|-----------|---------|--------|
| SUNDAY | Date: | Weight: | | Exercise: | | BM #: |
| | Day #: | How I feel: | | | | |
| | | Meal 1 | Snack 1 | Meal 2 | Snack 2 | Meal 3 |
| | Protein | | | | | |
| | Vegetable | | | | | |
| | Fruit | | | | | |
| | Crackers | | | | | |
| | Water | | | | | |
| | Drops | | | | | |
| | Supplements/ Medications | | | | | |

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|---------------|-----------------------------|-------------|---------|-----------|---------|--------|
| MONDAY | Date: | Weight: | | Exercise: | | BM #: |
| | Day #: | How I feel: | | | | |
| | | Meal 1 | Snack 1 | Meal 2 | Snack 2 | Meal 3 |
| | Protein | | | | | |
| | Vegetable | | | | | |
| | Fruit | | | | | |
| | Crackers | | | | | |
| | Water | | | | | |
| | Drops | | | | | |
| | Supplements/ Medications | | | | | |

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|----------------|-----------------------------|-------------|---------|-----------|---------|--------|
| TUESDAY | Date: | Weight: | | Exercise: | | BM #: |
| | Day #: | How I feel: | | | | |
| | | Meal 1 | Snack 1 | Meal 2 | Snack 2 | Meal 3 |
| | Protein | | | | | |
| | Vegetable | | | | | |
| | Fruit | | | | | |
| | Crackers | | | | | |
| | Water | | | | | |
| | Drops | | | | | |
| | Supplements/ Medications | | | | | |



SHAPE
ReClaimed

| | | | | | |
|-----------------------------|-----------|-------------|-----------|--------|---------|
| WEDNESDAY | Date: | Weight: | Exercise: | BM #: | |
| | Day #: | How I feel: | | | |
| | | Meal 1 | Snack 1 | Meal 2 | Snack 2 |
| | Protein | | | | |
| | Vegetable | | | | |
| | Fruit | | | | |
| | Crackers | | | | |
| | Water | | | | |
| | Drops | | | | |
| Supplements/ Medications | | | | | |

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|-----------------------------|-----------|-------------|-----------|--------|---------|
| THURSDAY | Date: | Weight: | Exercise: | BM #: | |
| | Day #: | How I feel: | | | |
| | | Meal 1 | Snack 1 | Meal 2 | Snack 2 |
| | Protein | | | | |
| | Vegetable | | | | |
| | Fruit | | | | |
| | Crackers | | | | |
| | Water | | | | |
| | Drops | | | | |
| Supplements/ Medications | | | | | |

| | | | | | |
|-----------------------------|-----------|-------------|-----------|--------|---------|
| FRIDAY | Date: | Weight: | Exercise: | BM #: | |
| | Day #: | How I feel: | | | |
| | | Meal 1 | Snack 1 | Meal 2 | Snack 2 |
| | Protein | | | | |
| | Vegetable | | | | |
| | Fruit | | | | |
| | Crackers | | | | |
| | Water | | | | |
| | Drops | | | | |
| Supplements/ Medications | | | | | |

| | | | | | |
|-----------------------------|-----------|-------------|-----------|--------|---------|
| SATURDAY | Date: | Weight: | Exercise: | BM #: | |
| | Day #: | How I feel: | | | |
| | | Meal 1 | Snack 1 | Meal 2 | Snack 2 |
| | Protein | | | | |
| | Vegetable | | | | |
| | Fruit | | | | |
| | Crackers | | | | |
| | Water | | | | |
| | Drops | | | | |
| Supplements/ Medications | | | | | |