

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 and fruits) Example: 1 ½ cups green beans, ¼ cup black beans, ½ large apple. Be Honest!</small>		Fats <small>(e.g. nuts and oils) Example: 1 teaspoon peanut butter, 1/3 teaspoon olive oil, 6 olives. Be Honest!</small>		My Hunger Is... <small>(Four Hours After Meal)</small> 1) Extremely Full 2) Satisfied 3) No Particular Feeling 4) Hungry 5) Extremely 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

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

Questions?
Call our Customer Service team at
1-800-404-8171
www.zonediet.com

Measurements

Weight: _____ Lbs. Waist Circumference: _____ Inches Body Fat: _____%