

SHAPE Program Food Diary

Week of: _____

Start Weight: _____

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					

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					

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	Meal 3			
	Protein								
	Vegetable								
	Fruit								
	Crackers								
	Water								
	Drops								
Supplements/ Medications									

THURSDAY	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									

FRIDAY	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									

SATURDAY	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									