Food Journal

My Zone Coach _____

Direct phone number _____

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

Date: Wake-up Time ___ Bed-Time ___	Zone Protein (e.g. bread, bagel, croutons, cookies, granola, brownie, pasta, orzo, flatbread)	I customized with these amounts and ingredients to ZoneFast Foods (e.g. vegetables, legumes, fruits, and condiments) Example: ½ cup spinach, ¼ cup black beans, 1 large apple, 1 tsp. peanut butter) Be Honest! Amount Ingredient	My Hunger is... (Four Hours After Meal) 1) Extremely Full 2) Satisfied 3) No particular feeling 4) Hungry 5) Extremely Hungry	I am feeling... (Comment on ability to think clearly, alertness, grogginess, bloating)
Breakfast Time ___	☐ Yes ☐ No _____	_____ _____ _____ _____ _____ _____	1 2 3 4 5 *Please Circle*	_____ _____ _____
Lunch Time ___	☐ Yes ☐ No _____	_____ _____ _____ _____ _____ _____	1 2 3 4 5 *Please Circle*	_____ _____ _____
Mid-Afternoon Snack Time ___	☐ Yes ☐ No _____	_____ _____ _____ _____ _____ _____	1 2 3 4 5 *Please Circle*	_____ _____ _____
Dinner Time ___	☐ Yes ☐ No _____	_____ _____ _____ _____ _____ _____	1 2 3 4 5 *Please Circle*	_____ _____ _____

☐ Daily Essentials ___ Yes ___ No

☐ Omega/Rx ___ Caps ___ TSP or TBSP

☐ Polyphenols ___ Caps ___ TSP or TBSP

☐ Exercise Aerobic ___ minutes
Weight ___ minutes

Water:
Mark an "X" through each glass for every 1 cup consumed. Aim for at least 8 cups per day.

Dr. Sears ZONE®

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