



My Diet Chef.com

Chef Jeff's

No More Silly Fads... Time To GET REAL
And Start Losing Weight Fast!



Morning (Time: _____)

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Beverage: _____ Portion: _____ Calories: _____

Snack (Time: _____)

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Beverage: _____ Portion: _____ Calories: _____

Lunch (Time: _____)

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Beverage: _____ Portion: _____ Calories: _____

Snack (Time: _____)

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Beverage: _____ Portion: _____ Calories: _____

Dinner (Time: _____)

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Food: _____ Portion: _____ Calories: _____

Beverage: _____ Portion: _____ Calories: _____

Reflect on Your Day: Circle Y for Yes and N for No.

- * Did you eat something today only because of habit? Y / N
- * Did you skip any meals today? Y / N
- * Did you go longer than four to five hours without eating? Y / N
- * Did you eat too little in the morning? Y / N
- * Did you eat more at night than any other time? Y / N
- * Did you eat a lot of high-fat foods, such as whole dairy, fried foods, and desserts? Y / N
- * Did you eat the same foods as you do every other day? Y / N
- * Did you eat according to mood rather than hunger today? Y / N

If you answered yes to one or more questions, take some time to plan how you can avoid these problems in the future.