

*Sunday* \_\_\_\_\_  
DATE

**BREAKFAST** \_\_\_\_\_  
Quantity / Calories

**SNACK 1** \_\_\_\_\_  
Quantity / Calories

**LUNCH** \_\_\_\_\_  
Quantity / Calories

**SNACK 2** \_\_\_\_\_  
Quantity / Calories

**DINNER** \_\_\_\_\_  
Quantity / Calories

**SNACK 3** \_\_\_\_\_  
Quantity / Calories

**WATER**

**FIBER DRINK**

Weight Lost: \_\_\_\_\_

Notes:

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Medical Weight Loss

**7 DAY  
FOOD  
JOURNAL**

*It's Not Just a Diet. It's a New Life!*

# Monday

DATE \_\_\_\_\_

BREAKFAST \_\_\_\_\_

*Quantity / Calories*

SNACK 1 \_\_\_\_\_

*Quantity / Calories*

LUNCH \_\_\_\_\_

*Quantity / Calories*

SNACK 2 \_\_\_\_\_

*Quantity / Calories*

DINNER \_\_\_\_\_

*Quantity / Calories*

SNACK 3 \_\_\_\_\_

*Quantity / Calories*

WATER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIBER  
DRINK

<input type="checkbox"/>	<input type="checkbox"/>
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# Tuesday

DATE \_\_\_\_\_

BREAKFAST \_\_\_\_\_

*Quantity / Calories*

SNACK 1 \_\_\_\_\_

*Quantity / Calories*

LUNCH \_\_\_\_\_

*Quantity / Calories*

SNACK 2 \_\_\_\_\_

*Quantity / Calories*

DINNER \_\_\_\_\_

*Quantity / Calories*

SNACK 3 \_\_\_\_\_

*Quantity / Calories*

WATER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIBER  
DRINK

<input type="checkbox"/>	<input type="checkbox"/>
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# Wednesday

DATE \_\_\_\_\_

BREAKFAST \_\_\_\_\_

*Quantity / Calories*

SNACK 1 \_\_\_\_\_

*Quantity / Calories*

LUNCH \_\_\_\_\_

*Quantity / Calories*

SNACK 2 \_\_\_\_\_

*Quantity / Calories*

DINNER \_\_\_\_\_

*Quantity / Calories*

SNACK 3 \_\_\_\_\_

*Quantity / Calories*

WATER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIBER  
DRINK

<input type="checkbox"/>	<input type="checkbox"/>
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# Thursday

DATE \_\_\_\_\_

BREAKFAST \_\_\_\_\_

*Quantity / Calories*

SNACK 1 \_\_\_\_\_

*Quantity / Calories*

LUNCH \_\_\_\_\_

*Quantity / Calories*

SNACK 2 \_\_\_\_\_

*Quantity / Calories*

DINNER \_\_\_\_\_

*Quantity / Calories*

SNACK 3 \_\_\_\_\_

*Quantity / Calories*

WATER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIBER  
DRINK

<input type="checkbox"/>	<input type="checkbox"/>
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# Friday

DATE \_\_\_\_\_

BREAKFAST \_\_\_\_\_

*Quantity / Calories*

SNACK 1 \_\_\_\_\_

*Quantity / Calories*

LUNCH \_\_\_\_\_

*Quantity / Calories*

SNACK 2 \_\_\_\_\_

*Quantity / Calories*

DINNER \_\_\_\_\_

*Quantity / Calories*

SNACK 3 \_\_\_\_\_

*Quantity / Calories*

WATER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIBER  
DRINK

<input type="checkbox"/>	<input type="checkbox"/>
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# Saturday

DATE \_\_\_\_\_

BREAKFAST \_\_\_\_\_

*Quantity / Calories*

SNACK 1 \_\_\_\_\_

*Quantity / Calories*

LUNCH \_\_\_\_\_

*Quantity / Calories*

SNACK 2 \_\_\_\_\_

*Quantity / Calories*

DINNER \_\_\_\_\_

*Quantity / Calories*

SNACK 3 \_\_\_\_\_

*Quantity / Calories*

WATER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIBER  
DRINK

<input type="checkbox"/>	<input type="checkbox"/>
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