

Eliminate Snacking/Grazing

SNACKING TIME PERIOD	AVOIDED (YES/NO)	SNACKED / WHAT FOOD HOW MUCH	PLAN
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			
Day 10			
Day 11			
Day 12			