Appendix B

SCORECARD - Meal Snack

Name: _____ Date: _____ Dieting Cycle: _____ Week#:

Type of Day: _____ Calorie Goal: _____ Activity Level: _____

Food Item	Amount	Calories	Carbohydrate	Protein	Total Fat	Saturated Fat	Trans Fat	Cholesterol	Sodium	Fiber	Sugar	Fruit Serving	Veggie Serving
Meal:													
Snack:													
Total:													