

Food journal

DATE _____

HOURS SLEPT _____

MOVEMENT _____

TIME	WHAT I ATE AND DRANK	HUNGER 1 TO 5	AFTER, I FELT

WATER, A GLASS A BOX



WHAT WENT WELL

.....

.....

.....

.....

.....

.....

.....

.....

TOMORROW I WANT TO

.....

.....

.....

.....

.....

.....

.....

.....

Week, reviewed

DATE _____

WHAT WENT WELL THIS WEEK

PATTERNS I NOTICED

A MEAL I ENJOYED

ONE THING TO TRY NEXT WEEK

WEIGHT OR MEASURE, IF YOU TRACK IT

ENERGY THIS WEEK
