

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

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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
