

Food journal

DATE _____

HOURS SLEPT

MOVEMENT

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

WATER, A GLASS A BOX

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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
