

Date: _____ Weight: _____

Mon Tue Wed Thu Fri Sat Sun

Water:

Goal (Calories/Units/Points): _____

Hours of Sleep: under 5, 6, 7, 8, over 8



Time of meal

MEAL/SNACK _____

Today's calories,
points, units

MEAL/SNACK _____

TOTAL

Great day! Not my best day. I will do better tomorrow.

FOOD FOR THOUGHT

EATING STRATEGIES I FOLLOWED TODAY

- | | | | |
|--------------------|-----------------------|------------------------------------|-----------------------|
| Wrote every bite | <input type="radio"/> | Included fruits/vegetables | <input type="radio"/> |
| Planned in advance | <input type="radio"/> | Ate mindfully, without distraction | <input type="radio"/> |
| Did not skip meals | <input type="radio"/> | Ate slowly | <input type="radio"/> |
| Read food labels | <input type="radio"/> | Had healthy foods available | <input type="radio"/> |
| Drank enough water | <input type="radio"/> | Practiced portion control | <input type="radio"/> |
| Stopped when full | <input type="radio"/> | Grocery shopped on full stomach | <input type="radio"/> |

DID I MAKE TIME FOR EXERCISE?

YES NO

Activity: _____ How long: _____ Tomorrow's goal: _____

Success of the day: _____

Challenge of the day: _____

What I plan to work on to meet my goals: _____

Do I need extra support? YES NO

If yes, I need to contact: _____

STAY MOTIVATED!