

Daily journal

Today's Date: _____ Today's Intent: _____

WHAT I ATE AND DRANK TODAY

For recommended Daily servings please see the bottom of this Daily Journal

BREAKFAST

Liquids	Fruits	Vegetables	Meat & Alt.	Grains	Oils & fats	Junky Foods

What time I ate: _____ Was I hungry (H) not hungry (NH) before I ate? _____

How full was I immediately after I ate (1 – empty, 10 – very full) _____ 1.0 – 1.5 hrs after _____

How did I feel after eating (see page 119)? _____

Morning snack: _____

LUNCH

Liquids	Fruits	Vegetables	Meat & Alt.	Grains	Oils & fats	Junky Foods

What time I ate: _____ Was I hungry (H) not hungry (NH) before I ate? _____

How full was I immediately after I ate (1 – empty, 10 – very full) _____ 1.0 – 1.5 hrs after _____

How did I feel after eating (see page 119)? _____

Afternoon snack: _____

DINNER

Liquids	Fruits	Vegetables	Meat & Alt.	Grains	Oils & fats	Junky Foods

What time I ate: _____ Was I hungry (H) not hungry (NH) before I ate? _____

How full was I immediately after I ate (1 – empty, 10 – very full) _____ 1.0 – 1.5 hrs after _____

How did I feel after eating (see page 119)? _____

After dinner snack: _____

Recommended Daily servings

Liquids	Fruits	Vegetables	Meat & Alt.	Grains	Oils & fats	Junky Foods
8 glasses	4-5 servings per day	4-5 servings per day	2-3 servings per day	6-8 servings per day	2-3 Tbsp (30-45 ml) per day	20%

life isn't about finding yourself, it's about creating yourself

SLEEP

I would describe my sleep as:

- Restless & unrestorative Adequate, but could have used more Restorative and revitalizing

MOVEMENT AND EXERCISE

	Time (Min.)	Type	Intensity		Calories burned
			Heart rate*	RPE**	
Cardiovascular					
Strength & resistance					
Stretch					
Other activity					

RATING THE DAY'S ENERGY LEVEL 1 (very low) 10 (very high)

Getting up _____ 1:00pm - 3:00pm _____ 7:00pm - 10:00pm _____

9:00am - 10:00 am _____ 3:00pm - 5:00pm _____

11:00am - 12:00 am _____ 5:00pm - 7:00pm _____

THOUGHTS & ATTITUDE CHECK

Unproductive thoughts: _____

Replaced those thoughts with: _____

How I felt today: _____

Today I am grateful for: _____

My intent tomorrow is: _____

Notes: _____

* See page 11

** Note: Ratings of perceived exertion (RPE) 0-10 (0 - sitting in chair, 3 - moderate walking, 5 - moderate to strong, 10 - extreme exertion) or use of working heart rate (HR)