Lifestyle Journal

Date: _____ M T W Th F Sa Su Weight: _____

Record everything you eat and drink, including water, along with any exercise you do.
Also note how you feel after food intake (headache, mood changes, bloating, gas, fatigue, etc…)

Time	Place	Food / Beverage	Mood Afterwards	Physical Activity

How many 8 oz glasses of water? ☐☐☐☐☐☐☐☐☐☐

Overview of my day: (Times/situations and moods likely to cause cravings, foods I usually crave, etc.)

_____

_____

Behaviors that require my attention:

_____

_____

Notes:

_____

_____

_____

How I did today: ☐Excellent ☐Good ☐Ok ☐Will do better tomorrow