

Journal for: \_\_\_\_\_ Week of: \_\_\_\_\_ Wt: \_\_\_\_\_

Use this dietary journal to track your progress & evaluate your decisions as you move toward improved health. Do not approach this as 'something I have to do'. Rather, think of this as 'a *learning tool for myself*'. You will learn how events affect your choices, observe how you have successfully modified your lifestyle & overcome barriers.

1. First, take a look at the week to come. Record events or activities which might influence some upcoming choices.
2. Next, plan a strategy to avoid getting off track or relapses.
3. Finally, begin the week with a positive attitude & record your choices as you go along. Be honest with yourself. Record *where* you are eating (at TV/computer), *emotions* (sad/depressed/stressed) and don't forget *exercise*!

Special events this week:
Strategies for continued success during anticipated events:

<b>Monday</b>	Breakfast	Where/activity: _____	Snack
	Lunch	Where/Activity: _____	Snack
	Dinner	Where/Activity: _____	Snack
	Water (8 oz) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTES</b> (emotions, stress, exercise, special events): _____			

<b>Tuesday</b>	Breakfast	Where/Activity: _____	Snack
	Lunch	Where/Activity: _____	Snack
	Dinner	Where/Activity: _____	Snack
	Water (8 oz) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTES</b> (emotions, stress, exercise, special events): _____			

<b>Wednesday</b>	Breakfast	Where/Activity: _____	Snack
	Lunch	Where/Activity: _____	Snack
	Dinner	Where/Activity: _____	Snack
	Water (8 oz) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTES</b> (emotions, stress, exercise, special events): _____			

<b>Thursday</b>	Breakfast	Where/Activity: _____	Snack
	Lunch	Where/Activity: _____	Snack
	Dinner	Where/Activity: _____	Snack
	Water (8 oz) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTES</b> (emotions, stress, exercise, special events): _____			

<b>Friday</b>	Breakfast	Where/Activity: _____	Snack
	Lunch	Where/Activity: _____	Snack
	Dinner	Where/Activity: _____	Snack
	Water (8 oz) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTES</b> (emotions, stress, exercise, special events): _____			

<b>Saturday</b>	Breakfast	Where/Activity: _____	Snack
	Lunch	Where/Activity: _____	Snack
	Dinner	Where/Activity: _____	Snack
	Water (8 oz) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTES</b> (emotions, stress, exercise, special events): _____			

<b>Sunday</b>	Breakfast	Where/Activity: _____	Snack
	Lunch	Where/Activity: _____	Snack
	Dinner	Where/Activity: _____	Snack
	Water (8 oz) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>NOTES</b> (emotions, stress, exercise, special events): _____			

How did you do? What are your goals for next week?
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