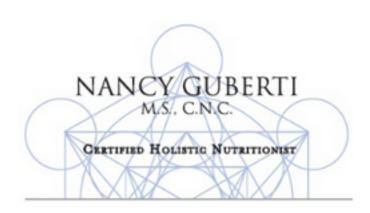


Nine Steps To Healthy Lifestyle

My Food Journal Date:
<u>Food Habits-Typical Diet</u> . Please be as detailed as possible including food, liquids and supplements consumed on daily basis. (For example, instead of writing "chicken," identify what brand such as "baked Murray's chicken." Conventional or organic, etc.)
BREAKFAST: (Time eaten:)
LUNCH (Time eaten:)
DINNER (Time eaten:)



SNACKS (Time eaten:)
Additional Information:
<u>BM:</u>
SleepPattern:
Overall Mood:
Skin Issues:
Hunger Level:
Energy Level:
Exercise:
Cravings (Carbs/Sugar) Level:
(Note: Levels for Hunger/Energy/Cravings: Low Medium High

How many glasses of water?





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