



Nine Steps To Healthy Lifestyle

My Food Journal Date: _____

Food Habits-Typical Diet. 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:

BM: _____

Sleep Pattern: _____

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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