Journal

FITNESS

PHASE: _____ **DAY:** _____

WORKOUT: Yes Intensity Level: _____ No

ENERGY: _____

FOOD

WATER: _____ OZ.

MEALS:

Breakfast: _____ AM

_____

Snack: _____ AM

_____

Lunch: _____ PM

_____

Snack: _____ PM

_____

Dinner: _____ PM

_____

CRAVINGS? No Yes What? _____

SATISFACTION: Starving? Satisfied? Stuffed?

Pattern You've Identified? _____

MIND/BODY

EMOTION: _____

ATTITUDE: _____

WOWY: Connected Not Today

OTHER OBSERVATIONS: _____

FEELING STRONGER? _____

SEEING PHYSICAL IMPROVEMENT? _____