

Day 1

Starting weight _____

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 2

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 3

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 4

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 5

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 6

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 7

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 8

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 9

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 10

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 11

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 12

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 13

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 14

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 15

Midpoint Weight _____

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 16

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 17

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 18

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 19

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 20

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 21

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 22

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 23

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 24

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 25

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 26

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 27

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 28

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 29

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Day 30

Breakfast (time: _____)

Lunch (time: _____)

Dinner (time: _____)

Snack (time: _____)

Beverages/water (check a box for each 8 oz. glass you drank today):

Exercise: (How many minutes? What did you do?)

Journaling:

Ending Weight _____