



# FOOD & FITNESS Journal

Hours Slept Last Night

Quality of Sleep

Things I Did to Improve Sleep

Things That Disturbed Sleep

## SLEEP

Blank box for recording hours slept last night.

Blank box for recording quality of sleep.

Blank box with horizontal lines for recording things done to improve sleep.

Blank box with horizontal lines for recording things that disturbed sleep.

## WATER



Track intake through day, filling in each drop

MINIMUM WATER INTAKE (oz.)  
WEIGHT  
2

1 drop = 8 oz

Were you over under or right at your minimum intake?



Over



Under



At Minimum

## NUTRITION (FILL OUT THROUGHOUT THE DAY)

What I Ate & How Much

MEAL 1  
MEAL 2  
MEAL 3  
MEAL 4

Table with 4 rows for meal tracking under the heading 'What I Ate & How Much'.

How I felt Immediately After

MEAL 1  
MEAL 2  
MEAL 3  
MEAL 4

Table with 4 rows for meal tracking under the heading 'How I felt Immediately After'.

How I felt 2 Hours After

MEAL 1  
MEAL 2  
MEAL 3  
MEAL 4

Table with 4 rows for meal tracking under the heading 'How I felt 2 Hours After'.



*"Healing before weight loss. Happiness before skinny jeans."*

## **FITNESS** (FILL OUT THROUGHOUT THE DAY)

Activity Details	Total Length of Workout	Feelings During Workout	Feelings 1 Hour After

## **ENERGY & MINDSET** (FILL OUT AT DAY'S END)

Describe your energy levels from today	What was your outlook/mindset today?

## **LESSONS LEARNED** (FILL OUT AT DAY'S END)

List 3-4 things you learned today regarding your sleep, water, nutritional needs, or fitness activities & how they correspond to your overall energy and/or mindset.

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*Your body is right. Trust it.*

