

Daily Lifestyle Log

Today's Date: _____

NUTRITION

Breakfast	Lunch	Dinner	Snack	Other
Meal Plan » Write down what you plan to eat and drink today.				
Food and Drink Log » Write down what you actually ate and drank today.				
Water » How much water did you drink? (Each box = 8 ounces.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				

ACTIVITY/MOVEMENT

Type	Amount/Time	Intensity
What type of physical activity/movement did you do today?		

SLEEP

How much sleep did you get last night?	Hours

MOOD AND EMOTIONS

How did you **feel throughout the day?** (Note any thoughts, feelings, triggers, or obstacles.)

TODAY'S REFLECTION

Did you **stay on track with your action plan or goals** for the day/week? (Note any thoughts, feelings, triggers, or obstacles.)