



Eat **Smart** | Move **More**

**Weigh Less**

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**Journal**



Date \_\_\_\_\_

Strategy I am working on this week: \_\_\_\_\_

Food	Amount	Calories	How did I feel?

**Physical Activity Log**

Activity	Amount (minutes, steps, reps, etc.)	How hard did I work?*	How do I feel?

\*How hard did you work? Rate your level using a scale from 0 to 11, with 0=nothing at all, 3=moderate, 7=very strong, 10=extremely strong, 11=absolute maximum.

**Today I was mindful of:**

**How did I do today?** Circle the answer or fill in the blank.

- Yes /No—Ate breakfast
- Ate \_\_\_\_\_ servings of fruits and vegetables
- Yes /No—Controlled portion sizes
- Ate \_\_\_\_\_ meals at home
- Watched \_\_\_\_\_ hours of TV
- Ate \_\_\_\_\_ servings of whole grains
- Yes /No—Drank sugar sweetened beverages
- Got \_\_\_\_\_ hours of sleep



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