

## LIVING LEAN JOURNAL

*Make copies of this blank journal page and fill it in each day. Every week look back and note changes you could make to have even greater success the following week.*

**Day:** \_\_\_\_\_ **Short-term weekly goal:** \_\_\_\_\_

**Date:** / / **Daily goal:** \_\_\_\_\_

Meal	Hunger level before eating	Hunger level after eating	
<b>Breakfast</b>	Starving <input type="checkbox"/> Normal <input type="checkbox"/> Stuffed <input type="checkbox"/>	Starving <input type="checkbox"/> Normal <input type="checkbox"/> Stuffed <input type="checkbox"/>	Protein: _____ _____ Fruits/Vegetable (vit. C): _____ _____ Grain (Fiber): _____ _____

<b>Lunch</b>	Starving <input type="checkbox"/> Normal <input type="checkbox"/> Stuffed <input type="checkbox"/>	Starving <input type="checkbox"/> Normal <input type="checkbox"/> Stuffed <input type="checkbox"/>	Protein: _____ _____ Fruits/Vegetable (vit. C): _____ _____ Grain (Fiber): _____ _____
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<b>Dinner</b>	Starving <input type="checkbox"/> Normal <input type="checkbox"/> Stuffed <input type="checkbox"/>	Starving <input type="checkbox"/> Normal <input type="checkbox"/> Stuffed <input type="checkbox"/>	Protein: _____ _____ Fruits/Vegetable (vit. C): _____ _____ Grain (Fiber): _____ _____
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<b>Snacks</b>	Starving <input type="checkbox"/> Normal <input type="checkbox"/> Stuffed <input type="checkbox"/>	Starving <input type="checkbox"/> Normal <input type="checkbox"/> Stuffed <input type="checkbox"/>	_____ _____
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<b>Water</b>	
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<b>Exercise</b>	Workouts Completed: _____ My Intensity Level Was: <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Very Low
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**Today's Experiences:** \_\_\_\_\_  
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