

DAY: _____

SHORT TERM WEEKLY GOAL: _____

DATE: / /

DAILY GOAL: _____

MEAL ONE	HUNGER LEVEL	Before Eating	After Eating	Protein: _____
	Starving	<input type="checkbox"/>	<input type="checkbox"/>	Fruits/Vegetables: _____
	Normal	<input type="checkbox"/>	<input type="checkbox"/>	Starch: _____
	Stuffed	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEAL TWO	HUNGER LEVEL	Before Eating	After Eating	Protein: _____
	Starving	<input type="checkbox"/>	<input type="checkbox"/>	Fruits/Vegetables: _____
	Normal	<input type="checkbox"/>	<input type="checkbox"/>	Starch: _____
	Stuffed	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEAL THREE	HUNGER LEVEL	Before Eating	After Eating	Protein: _____
	Starving	<input type="checkbox"/>	<input type="checkbox"/>	Fruits/Vegetables: _____
	Normal	<input type="checkbox"/>	<input type="checkbox"/>	Starch: _____
	Stuffed	<input type="checkbox"/>	<input type="checkbox"/>	_____

MEAL FOUR	HUNGER LEVEL	Before Eating	After Eating	Protein: _____
	Starving	<input type="checkbox"/>	<input type="checkbox"/>	Fruits/Vegetables: _____
	Normal	<input type="checkbox"/>	<input type="checkbox"/>	Starch: _____
	Stuffed	<input type="checkbox"/>	<input type="checkbox"/>	_____

WATER	
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EXERCISE	Workouts Completed: _____ / _____
	My Intensity Level Was (circle one): HIGH / MODERATE / LOW / VERY LOW

TODAY'S EXPERIENCES: _____

