

WHAT IS YOUR EATING WINDOW?

HOW MANY MEALS ARE YOU GOING TO EAT?

WHAT FOODS WILL YOU ALLOW?

HOW MUCH FOOD WILL YOU EAT AT EACH MEAL?

FOOD PLAN



BREAKFAST

LUNCH

DINNER

SNACKS

8-8OZ GLASSES OF WATER

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RATE HOW DOABLE TODAY'S PLAN IS

NOPE	1	2	3	4	5	6	7	8	9	10	OH YEAH!
------	---	---	---	---	---	---	---	---	---	----	----------

HOW DO YOU FEEL ABOUT YOUR PLAN TODAY? WHY?

IF THE PLAN GETS HARD TODAY, I WILL...

IF I WANT TO TRY SOMETHING NEW TOMORROW, IT WILL BE...

FOOD JOURNAL



TODAY'S DATE

[Blank space for writing today's date]

WHAT I ATE TODAY AND WHEN

[Lined area for writing what was eaten and when]

ASSESSMENT



WHAT WENT RIGHT TODAY?

I COULD HAVE MADE TODAY BETTER BY?

TOMORROW I WILL...

WHY?