

Healthy Living Journal

S M T W R F S

circle the day of the week

____ / ____ / ____

month / day / year

place a check in each 8 oz. glass you drink

Water:



Caffeinated Drinks:



Alcoholic Drinks:



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Current Moon Phase :

Wake-up Mood :

Today's Weather:

Evening Mood:

TAKE TIME TO BREATHE...

did you take time for yourself or did you meditate?

Choice of Time Out

Duration

GET UP AND MOVE!!

type of activity

reps/time

calories burned

Strength:

Cardio:

Abs:

Other:

Time	Meal	Food / Drink				Calories	Reason for Eating / Mood
		carbs	protein	veggies	fat		

Notes:

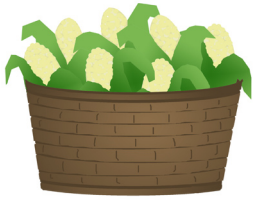
Today's Weight:

How did I do today?

circle a number below

1 2 3 4 5

not so good GREAT!!



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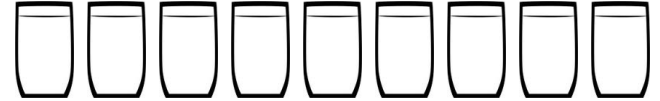
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Caffeinated Drinks:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Alcoholic Drinks:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9 glass icons for water tracking

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9 glass icons for caffeinated drinks tracking

Alcoholic Drinks:

9 glass icons for alcoholic drinks tracking

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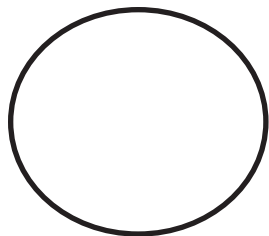
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