**Food Journal Day # Date:**

**Lemon water in am: \_\_\_\_Y/\_\_\_\_N**

**Water (at least eight glasses): ⭌☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐**

**Other beverages:**

**Supplements/Prescriptions: ☐ ☐ ☐ ☐ ☐**

**Breakfast:**

**Mid-morning snack:**

**Lunch:**

**Mid-afternoon snack**

**Dinner:**

**Evening Snack:**

**Exercise:**

**Aerobic: #minutes:**

**Weight Bearing: #minutes:**

**How I felt today: (obstacles, milestones, emotional changes, stressors)**