

Fox Fitness Food Journal

Name: _____

Date: _____

Current Habit Goal: _____

Time	Thoughts/Feelings (hungry, cravings, bored, tired, exhausted, stressed, happy, sad, angry...)	Meals/Snacks (Be Specific! Include amounts and ANYTHING. Your goal is to have 3-4 Meals or 3 Meals and 2 Smaller Snacks per day based on what works best for YOUR schedule and lifestyle!)	Is Your Meal Balanced? (1 serving each of protein, carb, fat, and veggie at each meal)
			<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> F
			<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> F
			<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> F
			<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> F
			<input type="checkbox"/> P <input type="checkbox"/> C <input type="checkbox"/> V <input type="checkbox"/> F

Water Intake: 

Exercise/Movement: _____

Day In Review (What went well? What did you struggle with? What questions do you have?) _____

How did I do today? Excellent Great Ok Not Good Very Bad (circle one)