

Food Journal

rev 3.14.14

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Saturday, _____ Wake up: _____ Water ○○○○○○○○ <input type="checkbox"/> Exercise: _____ _____						
Sunday, _____ Wake up: _____ Water ○○○○○○○○ <input type="checkbox"/> Exercise: _____ _____						
Monday, _____ Wake up: _____ Water ○○○○○○○○ <input type="checkbox"/> Exercise: _____ _____						
Tuesday, _____ Wake up: _____ Water ○○○○○○○○ <input type="checkbox"/> Exercise: _____ _____						
Wednesday, _____ Wake up: _____ Water ○○○○○○○○ <input type="checkbox"/> Exercise: _____ _____						
Thursday, _____ Wake up: _____ Water ○○○○○○○○ <input type="checkbox"/> Exercise: _____ _____						

<p>Friday, _____ Wake up: _____ 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exercise: _____ _____ Bed time: _____</p>						
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NOTE: on bottom right corner of each square, write the number of your Energy Level after eating that meal or snack: 1-low -- 5-high; This is a very important step in your Transformation!

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