

Weight Management Workshop Daily Tracking

Date: _____

	MEALS	LIFESTYLE
Meal 1 Time:	Vegetable: Protein: Smart Carb: Fat: Extras?	# of hrs fasted: Did you snack? (what did you have?) Why?
Meal 2: Time:	Vegetable: Protein: Smart Carb: Fat: Extras?	# Ounces of water: Exercise type and duration: Did you consume alcohol?
Meal 3: Time:	Vegetable: Protein: Smart Carb: Fat: Extras?	Stress Level 1-10: Breathing practice:

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