

Phase 4 Daily Journal



Name: _____

Date: / /

Weight: _____

Meal	Food Journal Details	Time	Carbs	Fats	Protein	Calories
Breakfast	_____					

Lunch	_____					

Dinner	_____					

Snack	1 _____					
	2 _____					
	3 _____					
Add totals to the right, and compare to your targets.		Totals				
		Targets				

Checklist for Weight Maintenance

Consumed minimum 2 litres of water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, why?
For every caffeinated drink, you consumed an additional 250ml of water?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, why?
Controlled my food portions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, why?
Had a slip-up?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, which? <input type="checkbox"/> Minor <input type="checkbox"/> Major
Participated in physical activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, calories burned:
Monitored alcohol intake?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Slept for _____ hours	<input type="checkbox"/> Uninterrupted	<input type="checkbox"/> Woke once or more during the night	

Notes

Remember: Indulgence day is once per week!