

# Healthful Pursuit

healthy treats, whole food eats & balanced living

Date: \_\_\_\_\_

Mon Tues Wed Thurs Fri Sat Sun

Weight: \_\_\_\_\_

Time	Food/Beverage & Quantity	Food type	Symptoms

**Hours of sleep**

4 5 6 7 8 9 10

**Physical activity type:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Glasses of water** (each cup = 500mL)



**Energy level**

\_\_\_\_\_

\_\_\_\_\_

**Total consumption**



**Summary of my day** (cravings, situations, timing of meals, etc)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Lessons**

\_\_\_\_\_

\_\_\_\_\_