

# BEYOND WEIGHT: TRACKING YOUR SUCCESS



WORKBOOK

[HEALTHFULPURSUIT.COM](http://HEALTHFULPURSUIT.COM)



A side effect of improving your diet is the potential for the development of positive behaviors and whole body healing.

It takes weeks to create a positive behavior, one that will stick with us for the rest of our lives and lead to momentous health, happiness, and positivity for years to come.

But, we don't take a moment to honor just how special this process is, especially when our #1 goal is weight loss. We know that weight loss isn't a constant thing - there will be weeks where you gain instead of lose, weeks where the pounds are flying off, and perhaps months when things don't budge. When weight loss is our only goal, we can become frustrated with the process and give up on the potential for a healthier life.

This tracker was created to paint a clearer picture of all of the magic that's being created around you as you embark on your keto lifestyle, beyond the weight, so that you can celebrate the mega wins, and stay motivated to create the life you dream about... now.

# THE LIFE YOU WANT

Let's start off by painting a picture of what we want our life to look like. If there were no obstacles, how would you live? How would you feel? What would you be doing?

**Energy:** Rank your desired energy level. What will you do with your newfound energy?

---

---

---

---

**Mood:** What would you like your mood to be like? How will a regulated mood benefit you and those around you?

---

---

---

---

**Sleep:** What would you like your sleep to be like? How will a good night's sleep affect you and those around you?

---

---

---

---

**Relationship With Food/Body:** Describe your relationship with food right now. What kind of relationship would you like to have with food? How will changing your relationship with food make you feel?

---

---

---

---

**Self-Care:** What are three things that make you feel really good? How can you practice one of these a day? (Examples: bubble bath, 5 minute walk at lunchtime, sitting in the sun for 10 minutes, singing in the car, etc.)

---

---

---

---

# MY DAILY JOURNAL

From here, we're going to take a look at what you do and how you feel on a daily basis. Do this for 14 days, then we will assess the changes you saw, all because you became more aware of yourself and your reaction to your environment.

## DAY 1

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Ciddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

## DAY 2

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

## DAY 3

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

# DAY 4

## Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

## Mood: What was my most-popular mood today?

**Positive Moods:**

 Calm	 Dreamy	 Ecstatic	 Energetic
 Excited	 Giddy	 Good	 Joyful
 Loving	 Mellow	 Optimistic	 Silly

**Negative Moods:**

 Angry	 Annoyed	 Cranky	 Depressed
 Envious	 Frustrated	 Gloomy	 Grumpy
 Pessimistic	 Restless	 Sad	 Stressed

## Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

## DAY 5

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

## DAY 6

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

## DAY 7

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

## DAY 8

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

## DAY 9

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---



---



---



---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---



---



---



---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?**

(Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---



---



---



---

# DAY 10

## Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

## Mood: What was my most-popular mood today?

**Positive Moods:**

 Calm	 Dreamy	 Ecstatic	 Energetic
 Excited	 Giddy	 Good	 Joyful
 Loving	 Mellow	 Optimistic	 Silly

**Negative Moods:**

 Angry	 Annoyed	 Cranky	 Depressed
 Envious	 Frustrated	 Gloomy	 Grumpy
 Pessimistic	 Restless	 Sad	 Stressed

## Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?

YES / NO

Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel? (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Self-Care: Was I able to practice one of my three favorite things from above?

YES / NO

Self-Care: What thoughts did I have toward my body today? (Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

# DAY 11

## Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

## Mood: What was my most-popular mood today?

**Positive Moods:**

 Calm	 Dreamy	 Ecstatic	 Energetic
 Excited	 Giddy	 Good	 Joyful
 Loving	 Mellow	 Optimistic	 Silly

**Negative Moods:**

 Angry	 Annoyed	 Cranky	 Depressed
 Envious	 Frustrated	 Gloomy	 Grumpy
 Pessimistic	 Restless	 Sad	 Stressed

## Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?

YES / NO

Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel? (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Self-Care: Was I able to practice one of my three favorite things from above?

YES / NO

Self-Care: What thoughts did I have toward my body today? (Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

## DAY 12

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

**Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?**

YES / NO

**Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel?** (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

---

---

---

---

**Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?**

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

---

---

---

---

**Self-Care: Was I able to practice one of my three favorite things from above?**

YES / NO

**Self-Care: What thoughts did I have toward my body today?** (Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

---

---

---

---

## DAY 13

### Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

### Mood: What was my most-popular mood today?

Positive Moods:				Negative Moods:			
							
Calm	Dreamy	Ecstatic	Energetic	Angry	Annoyed	Cranky	Depressed
							
Excited	Giddy	Good	Joyful	Envious	Frustrated	Gloomy	Grumpy
							
Loving	Mellow	Optimistic	Silly	Pessimistic	Restless	Sad	Stressed

### Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?

YES / NO

Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel? (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Self-Care: Was I able to practice one of my three favorite things from above?

YES / NO

Self-Care: What thoughts did I have toward my body today? (Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

# DAY 14

## Energy: How was my energy today?

(1 = can't function at all, 10 = Superwoman status)

Morning  1  2  3  4  5  6  7  8  9  10

Afternoon  1  2  3  4  5  6  7  8  9  10

Evening  1  2  3  4  5  6  7  8  9  10

## Mood: What was my most-popular mood today?

**Positive Moods:**

 Calm	 Dreamy	 Ecstatic	 Energetic
 Excited	 Giddy	 Good	 Joyful
 Loving	 Mellow	 Optimistic	 Silly

**Negative Moods:**

 Angry	 Annoyed	 Cranky	 Depressed
 Envious	 Frustrated	 Gloomy	 Grumpy
 Pessimistic	 Restless	 Sad	 Stressed

## Sleep: How was my sleep last night?

(1 = up all night didn't get a wink of sleep, 10 = completely uninterrupted and magical)

1  2  3  4  5  6  7  8  9  10

Relationship With Food/Body: Did I get through the day without a caffeine fix or sugar craving?

YES / NO

Relationship With Food/Body: What's one signal that my body sent me today? And, how did it make me feel? (Examples: hunger, craving, tiredness, exhaustion, desire, pain, energized, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship With Food/Body: Was I able to get through today without experiencing physical discomfort or fatigue?

(Recommendation: Sit on the ground with your legs crossed in front of you and wait for a minute. Now get up into a standing position (without using an aid, if you can). What difficulties did you experience? Did you notice any pains or aches as you moved? Did you notice any instabilities?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Self-Care: Was I able to practice one of my three favorite things from above?

YES / NO

Self-Care: What thoughts did I have toward my body today? (Example, "I'm fat", "I can't do that", "Look at how great I look in this dress!")

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# YOUR SUCCESSES

After the 14 days, look back to easily monitor your progress.

**Energy:** How has my energy changed over the last 14 days? Have I found that mornings are less optimal for me than afternoons? Or perhaps evenings are a real drainer? What can I adjust to maintain steady energy throughout the day?

---

---

---

---

**Mood:** How have my moods changed over the last 14 days? What do I do to manage negative moods? What have I found successful in maintaining positive moods?

---

---

---

---

**Sleep:** How has my sleep changed over the last 14 days? What have I learned is the best way to have a restful sleep?

---

---

---

---

**Relationship With Food/Body:** Did I experience a reduction in my cravings over the last 14 days? If so, what was I doing that I should continue doing to keep this experience going forward?

---

---

---

---

**Relationship With Food/Body:** Have I noticed changes in my physical ability in the last 14 days?

---

---

---

---

**Self-Care:** How has my conversation with myself changed over the last 14 days? How can I be kinder to myself going forward?

---

---

---

---

Anything that's changed for the positive is a good thing and should be celebrated. You are creating the life you want... right now!

Healthful Pursuit Inc. provides information in respect to healthy living, recipes, nutrition, and diet and is intended for informational purposes only. The information provided is not a substitute for medical advice, diagnosis, or treatment nor is it to be construed as such. We cannot guarantee that the information provided in the Happy Keto Body Program reflects the most up-to-date medical research. Information is provided without any representations or warranties of any kind. Please consult a qualified physician for medical advice, and always seek the advice of a qualified healthcare provider with any questions you may have regarding your health and nutrition program.