

























































# WHAT I ATE THIS WEEK

START DATE \_\_\_\_\_



	BREAKFAST	SNACK (OPTIONAL)	LUNCH	SNACK (OPTIONAL)	DINNER	SNACK (OPTIONAL)	WATER
MON							       
TUE							       
WED							       
THU							       
FRI							       
SAT							       
SUN							       

ONLY COUNT WATER HERE. NO SODA, COFFEE, JUICE, ENERGY DRINKS OR TEA (UNLESS HERBAL).



## THIS WEEK I...

- ☐ ATE SO WELL. LOTS OF FRUIT & VEGGIES, NUTS, SEEDS & WHOLE GRAINS. **I AM AMAZING!**
- ☐ ATE OKAY. SOME FRUITS & VEGGIES. TOO MANY PROCESSED FOODS THOUGH. **I CAN DO BETTER :)**
- ☐ DID NOT EAT WELL. I DIDN'T EAT ANY VEGETABLES. WAIT, DO POTATO CHIPS COUNT? **I NEED TO EAT BETTER.**
- ☐ ATE CHOCOLATE CHIP COOKIES FOR DINNER. EVERY NIGHT. ALSO FOR BREAKFAST. **MY TUMMY HURTS :(**