

Food Journal

To use from **Week 3** onward. Start making simple, easy to track changes. For example:
start reducing flour, sugar, or bad fats

Date __/__/__ Weight _____

Measurements. Waist_____, Hips_____, Thigh_____, Arm_____

Planned eating window: from _____ to _____ / _____ hours

Time	Food	Quantity
	Hunger scale. Before - __ + __ After - __ + __	
	Feeling	

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	Hunger scale. Before - __ + __ After - __ + __	
	Feeling	

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	Hunger scale. Before - __ + __ After - __ + __	
	Feeling	