

REAL FOOD STORE TOURS | DAILY TRACKER

Today's Date: _____

MEALS

What were your meals and snacks today?

- Breakfast: _____

When? _____

- Dinner: _____

When? _____

- Lunch: _____

When? _____

- Snack(s): _____

When? _____

MOVEMENT

How did you move your body?

- What type of movement? _____

- How long? _____

- What time? _____
- How did you feel? _____

SLEEP

How did you sleep last night?

- Sleep quality (circle one):
EXCELLENT // AVERAGE // POOR
- Contributing factors? _____

- Asleep by: _____ PM
- Awake by: _____ AM
- Total hours asleep: _____

MOOD

What was your mood like? Consider: did you feel happy, sad, anxious, or irritable? Reflect on why this might be.

NOTES

Jot down any additional notes to remember for later.

The information presented in this daily tracker is intended as general information only, and is not a substitute for advice from any medical, legal, or mental health professional. Consult with a medical professional before beginning any diet or lifestyle program.