

*get real*  
wellness program &  
accountability group

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Daily Tracker & Journal



**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.

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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.

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