



AM & PM Check In

Print a week of these out and see if you find any patterns in your lifestyle that affect your nutrition and wellness habits.

Date _____ Time _____

AM Sleep and Physical Details:

Waking Time _____ Hours of Sleep _____

Sleep Quality (0=poor, 10=excellent) _____

Dream Recall:

Predominant Feeling: _____

Details:

Morning Mood (rate on a scale 0=no symptoms to 10=extreme symptoms): _____

Any Thoughts/Feelings/Needs, write them out:

List 3 things you plan to do today towards your clean eating lifestyle:

- 1.
- 2.
- 3.



EVENING CHECK IN

Date _____ Time _____

Nutrition, Fitness, and Physical Details

Meals _____ # Snacks _____ Mindful/planned eating (0=none, 10=always) _____

Nutrition Notes (feedback about food choices and reactions and mindset):

Exercise Type _____ Duration _____

Fitness Feedback (felt strong, weak, tired, etc.)

Evening Mood (rate on a scale of 0=no symptoms to 10=extreme symptoms):

Anxiety _____

Depression _____

Happy _____

Proud _____

Current Cravings _____

Emotion _____



Details and notes on your day: