

HABIT CHANGING JOURNAL

compliments of Randy and Sarita Shoemaker, creators of 805 Boot Camp Outdoor Health and Fitness Program

Date _____

Don't forget! Portion SIZES, ingredients, home made, details help us help YOU!

Day # ____
of ____

Water Intake Ounces	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30	<input type="checkbox"/> 40	<input type="checkbox"/> 50	<input type="checkbox"/> 60	<input type="checkbox"/> 70	<input type="checkbox"/> 80	<input type="checkbox"/> 90	<input type="checkbox"/> 100	<input type="checkbox"/> 120	<input type="checkbox"/> 130	<input type="checkbox"/> 140
Fruit/Veggie Servings	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13
Sleep Schedule	Hours of rest/sleep total last night/day (naps included) _____												
Activity Schedule	How much time spent ACTIVE and EXERCISING _____												

1 st Meal at ____ (time)	Not So Great Choices

1 st Snack at ____ (time)	

2 nd Meal at ____ (time)	

2 nd Snack at ____ (time)	

3 rd Meal at ____ (time)	

Dear Journal, This is how today went...