

7-Day Food Journal

Why should I track what I eat?

Food journaling is a gentle way to bring some mindfulness to your day and routine. It may also help you hold yourself accountable by helping you identify food intolerances and areas that might be interfering with weight loss.

Adding details like energy levels, exercise, hours of sleep, and times when you felt hungry can help further identify challenges.

Knowledge is power.

Knowing which foods work best for can help you form new eating habits catered to your body's needs and goals. Tracking foods can also bring light to triggers you may not be aware of that cause snacking or binging. Identifying these triggers is the first step to overcoming them!

When should I use this journal?

- **1. When you begin your journey** although this much documentation is not required, some people find that it keeps them on track and helps get them started right.
- 2. When you plateau If you feel you've hit a plateau in your weight loss journey, this tool will allow you to closer evaluate what might be affecting your results.
- 3. When you're hungry If you notice you are feeling hungry but think you are following the GOLO® Plan correctly, you can review your timeline for trends, schedules, or habits that can help identify the cause.

The GOLO® 7-Day Food Journal is one of many helpful resources that can bring you closer to your goals, but also to yourself!

It doesn't matter how small you start, or how slowly you go ... just keep going!



DAY 1	FOOD (please list)	PORTION (please list)	loday's Date:				
Breakfast	(please list)	(piease list)	Breakfast	Lunch	Dinner		
Protein 1			Time:	Time:	Time:		
Protein 2			Supplements: Supplements: Suppleme				
Carbohydrate			Go-Digest Go-Digest Go-Dig				
Vegetable (optional)			1. What time di	d you go to bed l	ast night?		
Fat			Nhat time did you go to bed last night? What time did you wake up today?				
Bonus Svg			2. What time did you wake up today?				
Beverage				hungry at any po	int in the day?		
Lunch			☐ YES	☐ NO			
Protein 1			If YES, arour	nd what time?			
Protein 2			4. Did you snack? YES NO If YES, around what time? Food: Portion: Was it a Bonus Serving? Y / N If NO, what did you do instead of snacking?				
Carbohydrate							
Vegetable							
Vegetable							
Fat							
Bonus Svg							
Beverage			5. Today's tota	l water intake:			
Dinner			6 . Other bever	ages consumed:			
Protein 1			6. Other beverages consumed:				
Protein 2							
Carbohydrate			7. How was your energy level today? Great Okay Not so god 8. Use this space to write down your feelings				
Vegetable							
Vegetable							
Fat			today. Note any challenges or successes				
Bonus Svg							
Beverage							
Activity/E	xercise + Length o	f Time Doing It					

DAY 2	FOOD (please list)	PORTION (please list)	loday's Date:				
Breakfast	(picase list)	(picase list)	Breakfast	Lunch	Dinner		
Protein 1			Time:	Time:	Time:		
Protein 2			Supplements:	Supplements: Release	Supplements:		
Carbohydrate			Go-Digest	Go-Digest	Go-Digest		
Vegetable				I	I		
(optional)			1. What time di	id you go to bed la	ast night?		
Fat			2. What time d	id you wake up to	day?		
Bonus Svg			3. Did vou feel	hungry at any po	int in the day?		
Beverage			3. Did you feel hungry at any point in the day				
Lunch			YES	□ NO			
Protein 1			If YES, around what time? 4. Did you snack? YES NO				
Protein 2							
Carbohydrate			If YES, around what time? Food: Portion: Was it a Bonus Serving? Y / N If NO, what did you do instead of snacking?				
Vegetable							
Vegetable							
Fat							
Bonus Svg							
Beverage			5. Today's tota	l water intake:			
Dinner			6 . Other bever	ages consumed:			
Protein 1				agoo concamoa.			
Protein 2							
Carbohydrate			7. How was your energy level today?				
Vegetable			Great Okay Not so good 8. Use this space to write down your feelings today. Note any challenges or successes.				
Vegetable							
Fat							
Bonus Svg							
Beverage							
Activity/E	xercise + Length o	f Time Doing It					

DAY3	FOOD (please list)	PORTION (please list)	loday's Date:				
Breakfast	(piease list)	(please list)	Breakfast	Lunch	Dinner		
Protein 1			Time:	Time:	Time:		
Protein 2			Supplements: Supplements: Suppleme				
Carbohydrate			Go-Digest Go-Digest Go-Dig				
Vegetable (optional)			1. What time di	d vou ao to bed l	ast night?		
Fat			Nhat time did you go to bed last night? What time did you wake up today?				
Bonus Svg			2. What time did you wake up today?				
Beverage			3. Did you feel	hungry at any po	int in the day?		
Lunch			YES	□ NO			
Protein 1			If YES, arour	nd what time?			
Protein 2			4. Did you snack? YES NO If YES, around what time? Food: Portion: Was it a Bonus Serving? Y / N If NO, what did you do instead of snacking?				
Carbohydrate							
Vegetable							
Vegetable							
Fat							
Bonus Svg							
Beverage			5. Today's tota	l water intake:			
Dinner			6. Other bever	ages consumed:			
Protein 1			6. Other beverages consumed:				
Protein 2							
Carbohydrate			7. How was your energy level today?				
Vegetable			Great Okay Not so god				
Vegetable			8. Use this space to write down your feeling today. Note any challenges or successes				
Fat							
Bonus Svg							
Beverage							
Activity/E	xercise + Length o	f Time Doing It					

DAY4	FOOD (please list)	PORTION (please list)	Today's Date:			
Breakfast		(piease list)	Breakfast	Lunch	Dinner	
Protein 1			Time:	Time:	Time:	
Protein			Supplements:	Supplements:	Supplements	
Protein 2			Release	Release	Release	
Carbohydrate			Go-Digest	Go-Digest	Go-Digest	
Vegetable (optional)			1. What time di	id you go to bed l	ast night?	
Fat			_	id you wake up to		
Bonus Svg						
Beverage			3. Did you feel	hungry at any po	int in the day?	
Lunch			YES	☐ NO		
Protein 1			If YES, arou	nd what time?		
Protein 2			4. Did you sna	ck? YES	☐ NO	
Carbohydrate			If YES, around what time? Food: Portion:			
Vegetable						
Vegetable			Was it a Bor	nus Serving? Y / N	I	
Fat			If NO, what o	did you do instead	d of snacking?	
Bonus Svg						
Beverage			5. Today's tota	l water intake:		
Dinner			6 Other bever	ages consumed:		
Protein 1				agos concamoa.		
Protein 2						
Carbohydrate			7. How was you	ur energy level too	day?	
Vegetable			Great	Okay	Not so good	
Vegetable			8. Use this space to write down your feelings today. Note any challenges or successes.			
Fat						
Bonus Svg						
Beverage						
Activity/	Exercise + Length o	f Time Doing It				

DAY 5	FOOD (please list)	PORTION (please list)	loday's Date:				
Breakfast	(piease list)	(please list)	Breakfast	Lunch	Dinner		
Protein 1			Time:	Time:	Time:		
Protein 2			Supplements: Supplements: Suppleme				
Carbohydrate			Go-Digest Go-Digest Go-Dig				
Vegetable (optional)			1. What time di	d vou ao to bed l	ast night?		
Fat			 What time did you go to bed last night? What time did you wake up today? 				
Bonus Svg							
Beverage				hungry at any po	int in the day?		
Lunch			☐ YES	∐ NO			
Protein 1			If YES, arour	nd what time?			
Protein 2			4. Did you snack? YES NO If YES, around what time? Food: Portion: Was it a Bonus Serving? Y / N If NO, what did you do instead of snacking?				
Carbohydrate							
Vegetable							
Vegetable							
Fat							
Bonus Svg							
Beverage			5. Today's tota	l water intake:			
Dinner			6. Other bever	ages consumed:			
Protein 1			6. Other beverages consumed:				
Protein 2							
Carbohydrate			7. How was your energy level today?				
Vegetable			Great Okay Not so goo				
Vegetable			8. Use this space to write down your feeling today. Note any challenges or successes				
Fat							
Bonus Svg							
Beverage							
Activity/E	xercise + Length o	f Time Doing It					

DAY 6	FOOD (please list)	PORTION (please list)	loday's Date:				
Breakfast	(picase list)	(picase list)	Breakfast	Lunch	Dinner		
Protein 1			Time:	Time:	Time:		
Protein 2			Supplements:	Supplements:	Supplements:		
Carbohydrate			Go-Digest	Go-Digest	Go-Digest		
Vegetable (optional)			1 1000-000				
Fat				id you go to bed l			
Bonus Svg			2. What time did you wake up today?3. Did you feel hungry at any point in the day?				
Beverage							
Lunch			☐ YES	NO			
Protein 1			If YES, arou	nd what time?			
Protein 2			4. Did you snack? YES NO				
Carbohydrate			If YES, around what time? Food: Portion: Was it a Bonus Serving? Y / N If NO, what did you do instead of snacking?				
Vegetable							
Vegetable							
Fat							
Bonus Svg							
Beverage			5. Today's tota	l water intake:			
Dinner			6 . Other bever	ages consumed:			
Protein 1			6. Other beverages consumed:				
Protein 2							
Carbohydrate			7. How was your energy level today?				
Vegetable			Great Okay Not so good 8. Use this space to write down your feelings today. Note any challenges or successes.				
Vegetable							
Fat							
Bonus Svg							
Beverage							
Activity/E	xercise + Length o	f Time Doing It					



Weigh-in Day!

You made it to day seven. That's great! The first week can sometimes be the hardest to get through. You're fighting against old habits and possibly strong cravings and urges. Getting through the first week is something you should be proud of, even if you weren't 100% perfect.

Remember, some people notice inches lost before pounds and some see pounds before inches, both are normal. Also, not everyone sees results the very first week. This, too, is completely normal. Don't be discouraged! On average, when following the GOLO for Life® Plan, people begin to see results within two to four weeks.

Look back on your notes from day one. How do you feel? Do you have more energy? Have you been sleeping better? Are you less bloated? These are all signs of progress!

The best time to weigh in is in the morning, on an empty stomach, and after you have used the bathroom. Measurements can be taken around the waist at your belly bottom. You can also measure around your thighs, arms, and chest. Let's check your progress!

Today's date:	
Time of weigh-in:	
Weight:	
Waist measurement (inches):	
Other measurements (if taken):	

If you want to keep tracking, feel free to print this document again and keep going!