

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)
Breakfast		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable (optional)		
Fat		
Bonus Svg		
Beverage		
Lunch		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Dinner		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Activity/Exercise + Length of Time Doing It		

Today's Date: _____

Breakfast

Time: _____

Supplements:

Release

Go-Digest

Lunch

Time: _____

Supplements:

Release

Go-Digest

Dinner

Time: _____

Supplements:

Release

Go-Digest

1. What time did you go to bed last night? _____

2. What time did you wake up today? _____

3. Did you feel hungry at any point in the day?

YES

NO

If YES, around what time? _____

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?

5. Today's total water intake: _____

6. Other beverages consumed:

7. How was your energy level today?

Great

Okay

Not so good

8. Use this space to write down your feelings today. Note any challenges or successes.

DAY 2

	FOOD (please list)	PORTION (please list)
Breakfast		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable (optional)		
Fat		
Bonus Svg		
Beverage		
Lunch		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Dinner		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Activity/Exercise + Length of Time Doing It		

Today's Date: _____

Breakfast

Time: _____

Supplements:

Release

Go-Digest

Lunch

Time: _____

Supplements:

Release

Go-Digest

Dinner

Time: _____

Supplements:

Release

Go-Digest

1. What time did you go to bed last night? _____

2. What time did you wake up today? _____

3. Did you feel hungry at any point in the day?

YES

NO

If YES, around what time? _____

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?

5. Today's total water intake: _____

6. Other beverages consumed:

7. How was your energy level today?

Great

Okay

Not so good

8. Use this space to write down your feelings today. Note any challenges or successes.

DAY 3

	FOOD (please list)	PORTION (please list)
Breakfast		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable (optional)		
Fat		
Bonus Svg		
Beverage		
Lunch		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Dinner		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Activity/Exercise + Length of Time Doing It		

Today's Date: _____

Breakfast

Time: _____

Supplements:

Release

Go-Digest

Lunch

Time: _____

Supplements:

Release

Go-Digest

Dinner

Time: _____

Supplements:

Release

Go-Digest

1. What time did you go to bed last night? _____

2. What time did you wake up today? _____

3. Did you feel hungry at any point in the day?

YES

NO

If YES, around what time? _____

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?

5. Today's total water intake: _____

6. Other beverages consumed:

7. How was your energy level today?

Great

Okay

Not so good

8. Use this space to write down your feelings today. Note any challenges or successes.

DAY 4

	FOOD (please list)	PORTION (please list)
Breakfast		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable (optional)		
Fat		
Bonus Svg		
Beverage		
Lunch		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Dinner		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Activity/Exercise + Length of Time Doing It		

Today's Date: _____

Breakfast

Time: _____

Supplements:

Release

Go-Digest

Lunch

Time: _____

Supplements:

Release

Go-Digest

Dinner

Time: _____

Supplements:

Release

Go-Digest

1. What time did you go to bed last night? _____

2. What time did you wake up today? _____

3. Did you feel hungry at any point in the day?

YES

NO

If YES, around what time? _____

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?

5. Today's total water intake: _____

6. Other beverages consumed:

7. How was your energy level today?

Great

Okay

Not so good

8. Use this space to write down your feelings today. Note any challenges or successes.

DAY 5

	FOOD (please list)	PORTION (please list)
Breakfast		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable (optional)		
Fat		
Bonus Svg		
Beverage		
Lunch		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Dinner		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Activity/Exercise + Length of Time Doing It		

Today's Date: _____

Breakfast

Time: _____

Supplements:

Release

Go-Digest

Lunch

Time: _____

Supplements:

Release

Go-Digest

Dinner

Time: _____

Supplements:

Release

Go-Digest

1. What time did you go to bed last night? _____

2. What time did you wake up today? _____

3. Did you feel hungry at any point in the day?

YES

NO

If YES, around what time? _____

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?

5. Today's total water intake: _____

6. Other beverages consumed:

7. How was your energy level today?

Great

Okay

Not so good

8. Use this space to write down your feelings today. Note any challenges or successes.

DAY 6

	FOOD (please list)	PORTION (please list)
Breakfast		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable (optional)		
Fat		
Bonus Svg		
Beverage		
Lunch		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Dinner		
Protein 1		
Protein 2		
Carbohydrate		
Vegetable		
Vegetable		
Fat		
Bonus Svg		
Beverage		
Activity/Exercise + Length of Time Doing It		

Today's Date: _____

Breakfast

Time: _____

Supplements:

Release

Go-Digest

Lunch

Time: _____

Supplements:

Release

Go-Digest

Dinner

Time: _____

Supplements:

Release

Go-Digest

1. What time did you go to bed last night? _____

2. What time did you wake up today? _____

3. Did you feel hungry at any point in the day?

YES

NO

If YES, around what time? _____

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?

5. Today's total water intake: _____

6. Other beverages consumed:

7. How was your energy level today?

Great

Okay

Not so good

8. Use this space to write down your feelings today. Note any challenges or successes.

DAY 7

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!