MOVE!® WEIGHT MANAGEMENT PROGRAM FOR VETERANS

Food Journal

Remember to record everything that you **EAT and **DRINK** throughout the day.

Day of the Week							
Breakfast Hunger: Before/After							
Lunch Hunger: Before/After							
Dinner Hunger: Before/After							
Snacks Hunger: Before/After							
How long did it take you to eat?	___ ___ ___ B L D	___ ___ ___ B L D	___ ___ ___ B L D	___ ___ ___ B L D	___ ___ ___ B L D	___ ___ ___ B L D	___ ___ ___ B L D

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Exercise Journal

Day of the Week							
Physical Activity							
Time/Distance							
Pedometer Steps							
Observations							