[](http://www.optimumwellnessmn.com/default.html)

***Food Journal*** DAY/DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Time** | **Foods or Beverages Consumed** | **Amount** | **Preparation Method** | **Hunger Rating** |
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Ounces of Water Consumed:

Today’s Good Points:

What I Can Improve: