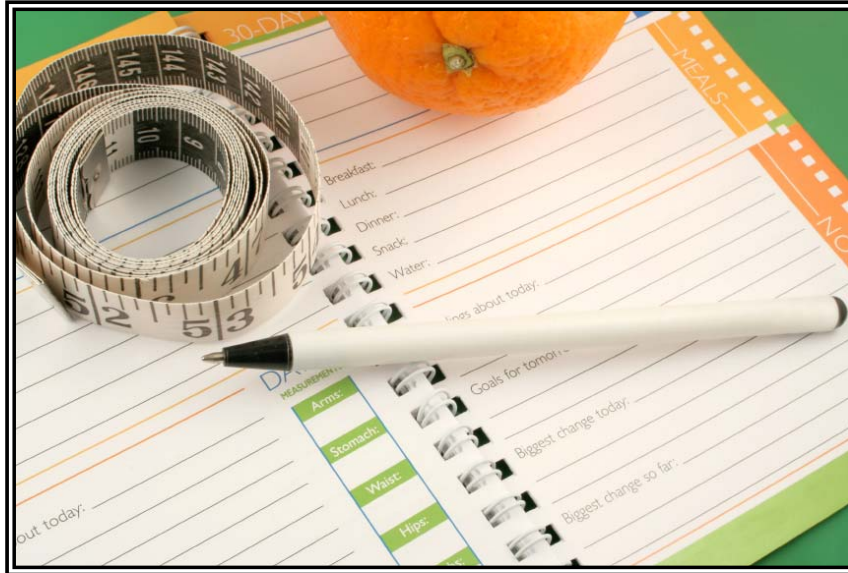


Weight and Wellness Center Lifestyle Journal



**Weight and Wellness Center
Tufts Medical Center
617 636 0158**

Name: _____

Date: ____ / ____ / ____

Weight & Wellness Center Lifestyle Journal

Date: ___/___/___

Today's Weight: _____

Food (include portion sizes)	Protein	Calories
Breakfast (Time _____ Location _____):		
Snack (Time _____ Location _____):		
Lunch (Time _____ Location _____):		
Snack (Time _____ Location _____):		
Dinner (Time _____ Location _____):		
Snack (Time _____ Location _____):		

Fluids (Check a box for each 8 oz non-caffeinated, 10 calories of less beverages you drank today):

= 64+ oz What type: _____

Supplements:

- Multivitamin
- Calcium Citrate + Vit D
- Sublingual B12
- Vitamin D
- Other: _____

Exercise:

Cardio Minutes: _____ Type: _____	Resistance Training: Type: _____ Repetitions: _____ Weight: _____
--	---

What I did today for Mindful Eating: _____

Journaling: _____

Weight & Wellness Center Lifestyle Journal

Date: ___/___/___

Today's Weight: _____

Food (include portion sizes)	Protein	Calories
Breakfast (Time _____ Location _____):		
Snack (Time _____ Location _____):		
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Exercise:

Cardio Minutes: _____ Type: _____	Resistance Training: Type: _____ Repetitions: _____ Weight: _____
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What I did today for Mindful

Journaling: _____

Weight & Wellness Center Lifestyle Journal

Date: ___/___/___

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