

Daily Success Tracker



Date

Meals

(write time of meal in each box)

Snacks

(optional)

Lean & Green Meal

(check off box)

Glasses of Water (8oz.)

(check off boxes)

Daily Exercise

How I Felt Today

(rate on scale, 10 being "terrific")

1 2 3 4 5 6 7 8 9 10

JOURNAL ENTRY

Please make copies for your personal journal.