

## Vitalized Body Food & Observations Journal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Time of Intake	Please list the amount of food, brands, and anything you drink	Record Your Emotions
Breakfast		
Snack		
Lunch		
Snack		
Dinner		
Snack		

Sleep Amount & Quality	Energy	Digestion	Medications and Supplements

**Reflect on what you learned, tried, or experienced today**

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**Write down what you will do differently tomorrow**

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