# MacroHabits of Health

## Daily Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Cravings?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

### Habits of Weight Management:

<table>
<thead>
<tr>
<th>Goal Weight</th>
<th>lbs</th>
<th>Hunger Level?</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
</tr>
</thead>
</table>

| Goal BMI | Goal Waist Circum | in |

**During Weight Loss**

### Daily Food Intake:

<table>
<thead>
<tr>
<th>How Many Fuelings?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

| Every Three Hours? | |
|--------------------| |

<table>
<thead>
<tr>
<th>Healthy Lean and Green</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**These are typically done weekly:**

<table>
<thead>
<tr>
<th>Current Wt</th>
<th>lbs</th>
</tr>
</thead>
</table>

| Current BMI | |
|-------------| |

| Current Waist Circum | in |

### Comments:

---

<table>
<thead>
<tr>
<th>Habit of Healthy Eating and Hydration</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMI &lt;25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Food Intake:**

- **Fuelings?**
  - [ ] Yes
  - [ ] No

- **How Many?**
- **Healthy Meals?**
  - [ ] Yes
  - [ ] No

- **Low GI?**
  - [ ] Yes
  - [ ] No

**Hunger Level?**

- [ ] Low
- [ ] Medium
- [ ] High

**Cravings?**

- [ ] Yes
- [ ] No

**Hydration:**

- **64 ounces of water today?**
  - [ ] Yes
  - [ ] No

- **How Much?**
  - [ ] ounces

**Comments:**


### Habits of Healthy Motion:

**Steps Today:**

Activity level?
- [ ] Low
- [ ] Medium
- [ ] High

**NEAT Activities:**

**EAT Activities:**

**Workout (not for the first three weeks):**

**Comments:**

---

### Habits of Healthy Sleep:

In bed in time to get eight hours of sleep?
- [ ] Yes
- [ ] No

How many hours did I sleep?

Energy level today
- [ ] Low
- [ ] Medium
- [ ] High

Naps today:

**Comments:**
Habits of Healthy Mind:
Successfully Use Stop. Challenge. Choose™ today:
☐ Yes ☐ No

How did you respond to the Challenge?

Did you set aside some quiet time for yourself?
☐ Yes ☐ No

Did you meditate?
☐ Yes ☐ No

Did you spend some time reading an inspirational book or video?
☐ Yes ☐ No

Write down 1–3 things you are grateful for:

Comments:
Habits of Healthy Surroundings:
I connected with my support system and community today.

Yes  No

How?

I talked to my coach.

Yes  No

Did you improve your surroundings today to help with your health or wellbeing?

Yes  No

Comments:

What three things will I do tomorrow to make my day more optimal?

1.

2.

3.