

BY GRAÇA MAVINGA





Hi challenge seeker,
Welcome to the start
of a transformation
in your life!





A **start** to being more mindful in the way you eat and live.

Let's go

I'm so proud of you for making the first step.
I will list a few things that are important.

- Report daily what you eat don't forget to add the time
- Reporting how you felt that day will give you an indication on what effect the food has on your mood.
- Fill in your physical complaints. Complaints like headaches dizziness are also included.

Contents

Total: 7 days

Daily dairy

Mental health check

Physical check

Journaling

DAILY DIARY

BREAKFAST Time:	LUNCH Time:	DINNER Time:
SNACKS		VITAMINES
WATER		NOTES

MENTAL HEALTH CHECK

Day 1

How are you feeling today? Write down if you feel horrible	Great	Are you full of energy? Write down if you feel tired
	Good	
	Okay	
	Not good	
	Horrible	

Today's affirmation:

"I can do all things through Christ that strengthens me."

Physical Check

Ste	ps walked:
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0	
	Workout
	Physical complaints
	1 Trystear complaints
	Goals for tomorrow
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Journaling	Date:/

DAILY DIARY

BREAKFAST Time:	LUNCH Time:	DINNER Time:
SNACKS		VITAMINES
WATER		NOTES

MENTAL HEALTH CHECK

Day 2

How are you feeling today? Write down if you feel horrible	Great	Are you full of energy? Write down if you feel tired
	Good	
	Okay	
	Not good	
	Horrible	

Physical Check

Steps walk Write down goal or	fill in:	
0		
	Workout	
	Physical complaints	
	Goals for tomorrow	
~		

Journaling	Date:/

DAILY DIARY

BREAKFAST Time:	LUN	DINNER Time:
SNACKS		VITAMINES
WATER		NOTES

MENTAL HEALTH CHECK

Day 3

How are you feeling today? Write down if you feel horrible	Great	Are you full of energy? Write down if you feel tired
	Good	
	Okay	
	Not good	
	Horrible	

Physical Check

Steps walk Write down goal or	fill in:	
0		
	Workout	
	Physical complaints	
	Goals for tomorrow	
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Journaling	Date:/

DAILY DIARY

BREAKFAST Time:	LUN	DINNER Time:
SNACKS		VITAMINES
WATER		NOTES

MENTAL HEALTH CHECK

Day 4

How are you feeling today? Write down if you feel horrible	Great	Are you full of energy? Write down if you feel tired
	Good	
	Okay	
	Not good	
	Horrible	

Physical Check

Steps wa Write down go	alked:
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	Workout
	Physical complaints
	Goals for tomorrow
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Journaling	Date:/

DAILY DIARY

BREAKFAST Time:	LUNCH Time:	DINNER Time:
SNACKS		VITAMINES
WATER		NOTES

MENTAL HEALTH CHECK

Day 5

How are you feeling today? Write down if you feel horrible	Great	Are you full of energy? Write down if you feel tired
	Good	
	Okay	
	Not good	
	Horrible	

Physical Check

Steps walked: Write down goal or fill in:
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Workout
Physical complaints
Goals for tomorrow
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Journaling	Date:/

DAILY DIARY

BREAKFAST Time:	LUNC	DINNER Time:
SNACKS		VITAMINES
WATER		NOTES

MENTAL HEALTH CHECK

Day 6

How are you feeling today? Write down if you feel horrible	Great	Are you full of energy? Write down if you feel tired
	Good	
	Okay	
	Not good	
	Horrible	

Today's affirmation:

"God gave us not a spirit of fear but of power, love and Self-control"

Physical Check

Steps walked: Write down goal or fill in:
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Workout
Physical complaints
Goals for tomorrow
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Journaling	Date:/

DAILY DIARY

BREAKFAST Time:	LUNC	DINNER Time:
SNACKS		VITAMINES
WATER		NOTES

MENTAL HEALTH CHECK

Day 7

How are you feeling today? Write down if you feel horrible	Great	Are you full of energy? Write down if you feel tired
	Good	
	Okay	
	Not good	
	Horrible	

Physical Check

Steps w Write down go	ralked:	
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	Workout	
	Physical complaints	
-	Goals for tomorrow	
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Journaling	Date:/

Journaling	Date:/

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