

# DAILY PLAN

Date \_\_\_\_\_ / \_\_\_\_\_

Breakfast		<input type="checkbox"/> This plan will keep me satiated
Lunch		<input type="checkbox"/> I didn't plan this with diet rules
Dinner		<input type="checkbox"/> I love the food on this plan
Snacks		<input type="checkbox"/> I am excited to follow this plan

What can I tell myself when I have the desire to eat off plan/overeat?

What obstacles might make following my plan difficult today and how can I prepare?

How confident am I that I can follow this plan? Why?

# DAILY PLAN EVALUATION

Date \_\_\_\_\_ / \_\_\_\_\_



Ate when hungry



Stopped at enough

Did I follow my plan? Why or why not?

Did I pay attention to my hunger and enough signals today? What were they?

How can I make this process easier moving forward?

What are 3 wins from the day?

- 1.
- 2.
- 3.

What am I grateful for today?

- 1.
- 2.
- 3.