



HealthyBodyHealthyLife
with *Melissa Koerner*

Total Transformation

Module 2 – Part 7:

How to Use Your Success Journal

With Nutrition, Fitness & Integrative Medicine Health Coach Melissa Koerner

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How to Use Your Success Journal

- Start track the following:
 - **Dietary habits:**
 - **What** you ate: Proteins?, Fats? and Carbs?
 - **When** you ate: Time of day? Frequency?
 - **How much** you ate: General serving sizes? (see “General Serving Sizes” in your MNT Meal Planning Guide)
 - **How you felt** after: Energy? Mood? Hunger? Cravings? Focus? etc. (see “Food Journaling Tips” in your Success Journal)
 - **Water intake:** goal is **50%** of your body weight in ounces
 - **Bowel movements:** Number of times? Consistency? (See Module 2 – Part 6 “Poopie Policeman and Bowel Bandits.”)

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How to Use Your Success Journal

- With **modules 3 thru 5** you'll track the following:
 - **Sleep:** Bed time? Wake time? Quantity? Quality?
 - **Stress levels:** Daily stress levels? What are your stressors? Daily relaxation?
 - **Exercise habits:** What did you do for exercise? How long? How did you feel after?

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Why Journal?

- You can't **change** what you don't **acknowledge**.
- By journaling you become **aware** of your habits and your body's reactions to these habits.
- Journaling also creates **accountability**.
- **Awareness + Accountability = Long-Term Success!**

The image shows a journal page from 'Healthy Body Healthy Life'. At the top, it says 'Water Intake Goal' and 'New Action'. Below this is a table for tracking meals. The table has columns for 'Meal', 'Protein', 'Fat', 'Carb', and 'How did I feel after eating?'. The rows are for Breakfast, Snack, Lunch, and Dinner. Each row has a 'Notes' field and a 'Servings, Total' field. Below the table are 13 numbered questions for daily reflection, such as '1. How many movements? Number? Other, size, steps?', '2. How would you rate your current stress today? (0 to 10 highest)', '3. How was your mood today? (Happy or Sad, Positive or Negative, Calm or Anxious/Worried)', '4. How was your sleep? (Stressless/Good)', '5. How did you feel this morning?', '6. What time did you go to sleep last night? What time did you wake up this morning?', '7. Did you wake up feeling tired? (Yes/No) Number of times', '8. Did you wake up refreshed or tired? (Exhausted/Tired)', '9. How would you rate your overall energy level? (0 to 10 highest)', '10. Did you experience energy loss? (Yes/No) If yes, at what time?', '11. How would you rate your overall ability to meet goals in this program? (1 to 5 highest)', and '12. Did you exercise? (Yes/No) What did you do? How did you feel?'. At the bottom, it says '© 2020 Healthy Body Health Life www.healthysubhealthylife.com 3'.

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Next Up...

**Module 2 – Part 8:
How to Develop a Healthy Relationship
with Food**