



GET TO KNOW YOUR FOOD
HABITS - USING YOUR
FRESH LIFE 'DAILY FOOD
JOURNEYS' JOURNAL!





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Just like the work we did in **Module 1 - Love and Prepare Your Self**, we need to be honest with ourselves, and become familiar with what we are consuming on a daily basis (and therefore reveal the reasons *why* what we eat might be having a negative impact on our health).

We also need to do this exercise in order to see what we consume regularly, and which are secretly-‘evil’ ... so we can understand *how* they are impacting our health and wellness.

You are going to use this awareness to motivate yourself to make the small changes you need to make, so you can add cleaner foods into your and your family’s **‘Daily Food Journeys’**, all while still being able to *enjoy* consuming food! *Mucho importante...*

The below questions are to help you think about and write down what you and your family eat each day, so you can especially reveal the foods you might be consuming regularly without even knowing it.

You are going to become familiar with your present, **‘Daily Food Journeys’** (I dislike using the words ‘daily diet’ - it seems so strict and old school!).

This worksheet will help you to become more observant of what you and your loved ones eat, throughout the day, on a typical week day and also on a day on the weekend so you can measure and scale (and be held accountable for) your results, throughout the Program.

The more we learn about our food habits the better.

Because as we learn more about the concept of eating clean-er foods (as well as which of our foods are contaminated, which therefore turns them into secretly-‘evil’ foods), the more we can start to take control of our health and wellbeing by changing those food habits.

Your **Fresh Life ‘Daily Food Journeys’ Journal** is a fantastic tool for you to use to assess your and your family’s progress as you start to make changes, and as you start gently add those **Fresh Life Baby-steps** - adding more and





more fresh, clean good foods to your and your family's lives, so you can create and live **Your Best Fresh Life**.

You can use this worksheet again and again, as time goes by, to assess how your and your family's food habits change for the better!

I have even created a one page download of the graph you'll find below, so you can download it, make copies, fill them out and save them as you go along, in your **Fresh Life Folder** on your computer, or if you prefer, print off copies and use them that way.

Just remember to take action, participate and share in the **Fresh Life Community** any insights, realisations or notes you discover from this exercise - you'll find that we all have much in common on this Journey!

"IF YOU CAN'T MEASURE IT, YOU CAN'T IMPROVE IT."

- Peter Drucker





TYPICAL WEEKDAY

What do you and your family eat/drink each day?

Include mornings, snacks, lunch, afternoon nibbles, dinner, desserts or any other meals you have. You might want to get the family to do the same thing with you, so you can all see what everyone is consuming each day.

Name		Breakfast / Early morning	Mid Morning Snacks / Drinks	Lunch / Midday	Afternoon Nibbles / Drinks	Dinner / Evening	Dessert / Late Evening
Family Member #1 _____	Food:						
	Drinks:						





Name		Breakfast / Early morning	Mid Morning Snacks / Drinks	Lunch / Midday	Afternoon Nibbles / Drinks	Dinner / Evening	Dessert / Late Evening
Family Member #2 _____	Food:						
	Drinks:						
Family Member #3 _____	Food:						
	Drinks:						





Name		Breakfast / Early morning	Mid Morning Snacks / Drinks	Lunch / Midday	Afternoon Nibbles / Drinks	Dinner / Evening	Dessert / Late Evening
Family Member #4 <hr/>	Food:						
	Drinks:						
Family Member #5 <hr/>	Food:						
	Drinks:						





Notes to Self:





TYPICAL WEEKEND DAY

What do you and your family eat/drink each day?

Include mornings, snacks, lunch, afternoon nibbles, dinner, desserts or any other meals you have. You might want to get the family to do the same thing with you, so you can all see what everyone is consuming each day.

Name		Breakfast / Early morning	Mid Morning Snacks / Drinks	Lunch / Midday	Afternoon Nibbles / Drinks	Dinner / Evening	Dessert / Late Evening
Family Member #1 _____	Food:						
	Drinks:						





Name		Breakfast / Early morning	Mid Morning Snacks / Drinks	Lunch / Midday	Afternoon Nibbles / Drinks	Dinner / Evening	Dessert / Late Evening
Family Member #2 _____	Food:						
	Drinks:						
Family Member #3 _____	Food:						
	Drinks:						





Name		Breakfast / Early morning	Mid Morning Snacks / Drinks	Lunch / Midday	Afternoon Nibbles / Drinks	Dinner / Evening	Dessert / Late Evening
Family Member #4 _____	Food:						
	Drinks:						
Family Member #5 _____	Food:						
	Drinks:						





Notes to Self:

