



Lifestyle Center of America[®]

Stopping Diabetes - Restoring Health

— Daily Journal —

Date _____ Day of the Week _____

	Night	Fast	Brkfst	+ 2-hr
Time				
Blood Sugar				
Insulin				
Blood Pressure	_____	_____	_____	_____
Pulse				

Breakfast/Lunch/Dinner	Amount	Total Carb (g)	Fiber (g)	Net Carb (g)	Carb Choice
	Totals				



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	Lunch	+ 2-hr		Supper	Bedtime

Aerobic/Exercise Activity	Duration	I.T. HR Zone	RPE 0-10
		—	
		—	
		—	
		—	
		—	
		—	
		—	
		—	
I did my LCA Stretching Routine today! <input type="checkbox"/> I strolled after meals today! <input type="checkbox"/> I did my strength training today!* <input type="checkbox"/> <i>* 3-4 times a week</i>			

Water Intake Total Water _____

Goal #1 I stuck to the PBD today: Yes ___ No ___
 Goal #2 I practiced USA* today: Yes ___ No ___
 Goal #3 I got enough sleep/rest today: Yes ___ No ___
 Goal #3 I got enough sunshine/light today: Yes ___ No ___
**Unconditional Self Acceptance*

NOTES _____

