

My Healthy Weight Journal - Day 1

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours
- **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping**
 - Before meals
 - After meals
 - Cravings
 - Negative emotions
 - Negative self-talk
 - Negative memories
 - Negative interactions with others
 - While reviewing what I ate today
 - Before going to sleep
- **Affirmations:** example: "Every day, in every way, I'm getting better and better"
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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My Healthy Weight Journal - Day 2

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours
- **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping**
 - Before meals
 - After meals
 - Cravings
 - Negative emotions
 - Negative self-talk
 - Negative memories
 - Negative interactions with others
 - While reviewing what I ate today
 - Before going to sleep
- **Affirmations:** example: "I get up and get going immediately at 6 a.m. each morning!"
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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My Healthy Weight Journal - Day 3

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours
- **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping**
 - Before meals
 - After meals
 - Cravings
 - Negative emotions
 - Negative self-talk
 - Negative memories
 - Negative interactions with others
 - While reviewing what I ate today
 - Before going to sleep
- **Affirmations:** example: "I believe something wonderful is going to happen to me today."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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My Healthy Weight Journal - Day 4

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours
- **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping**
 - Before meals
 - After meals
 - Cravings
 - Negative emotions
 - Negative self-talk
 - Negative memories
 - Negative interactions with others
 - While reviewing what I ate today
 - Before going to sleep
- **Affirmations:** example: "I live my potential more and more every day."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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My Healthy Weight Journal - Day 5

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours
- **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping**
 - Before meals
 - After meals
 - Cravings
 - Negative emotions
 - Negative self-talk
 - Negative memories
 - Negative interactions with others
 - While reviewing what I ate today
 - Before going to sleep
- **Affirmations:** example: "I am a powerful creator of my desires."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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My Healthy Weight Journal - Day 6

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours
- **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping**
 - Before meals
 - After meals
 - Cravings
 - Negative emotions
 - Negative self-talk
 - Negative memories
 - Negative interactions with others
 - While reviewing what I ate today
 - Before going to sleep
- **Affirmations:** example: "I always look and feel 10 or more years younger than my real age."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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My Healthy Weight Journal - Day 7

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours
- **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping**
 - Before meals
 - After meals
 - Cravings
 - Negative emotions
 - Negative self-talk
 - Negative memories
 - Negative interactions with others
 - While reviewing what I ate today
 - Before going to sleep
- **Affirmations:** example: "Everything is working out for my highest good."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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My Healthy Weight Journal - Day 8

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: I am deeply grateful for all that I have."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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My Healthy Weight Journal - Day 9

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours
- **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping**
 - Before meals
 - After meals
 - Cravings
 - Negative emotions
 - Negative self-talk
 - Negative memories
 - Negative interactions with others
 - While reviewing what I ate today
 - Before going to sleep
- **Affirmations:** example: "I radiate positive energy."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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My Healthy Weight Journal - Day 10

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "Every day, in every way, I'm getting better and better"
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 11

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I get up and get going immediately at 6 a.m. each morning!"
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 12

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I believe something wonderful is going to happen to me today."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 13

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I live my potential more and more every day."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 14

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I am a powerful creator of my desires."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 15

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I always look and feel 10 or more years younger than my real age."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 16

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "Everything is working out for my highest good."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 17

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: **I am deeply grateful for all that I have."**
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 18

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I radiate positive energy."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 19

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "Every day, in every way, I'm getting better and better"
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 20

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I get up and get going immediately at 6 a.m. each morning!"
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

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| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

My Healthy Weight Journal - Day 21

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I believe something wonderful is going to happen to me today."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 22

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "Everything is working out for my highest good."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

My Healthy Weight Journal - Day 23

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I live my potential more and more every day."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

My Healthy Weight Journal - Day 24

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: I am deeply grateful for all that I have."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 25

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I radiate positive energy."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 26

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "Every day, in every way, I'm getting better and better"
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 27

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I get up and get going immediately at 6 a.m. each morning!"
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 28

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I believe something wonderful is going to happen to me today."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 29

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I live my potential more and more every day."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 30

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I am a powerful creator of my desires."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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My Healthy Weight Journal - Day 31

Today's Date: _____

My Current Weight _____

My Healthy Weight Goal _____

	What I Ate & How Much	How I Felt BEFORE I Ate (identify the emotions/ feelings)	How I Felt AFTER I Ate (identify the emotions/ feelings)	Tapping
Breakfast				
Morning Snack				
Lunch				
Afternoon Snack				
Dinner				
Evening Snack				

My Daily Record

- **Sleep:** Last night I slept _____ hours • **Took Nutritional Supplements:** AM PM
- **Water** (Drink half your body weight in ounces of water daily: e.g. 160 lb = 80 oz.) **Goal:** _____ **Actual:** _____
- **Exercise** (Activity and duration): _____
- **Tapping** Before meals After meals Cravings Negative emotions
 Negative self-talk Negative memories Negative interactions with others
 While reviewing what I ate today Before going to sleep
- **Affirmations:** example: "I always look and feel 10 or more years younger than my real age."
- **Other:** (i.e. Weekly Cleanse Day) _____

A word or phrase that describes how I felt today: _____

Today's Challenges: _____

My Daily Gratitude List

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

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