



# Healthy Weight Loss Challenge



CITY OF CLEVELAND  
Mayor Frank G. Jackson



**DATE:**

**WEIGHT:**

**HOURS OF SLEEP:**

**8oz. GLASSES OF WATER:**



| TIME: | PLACE: | FOOD/BEVERAGE: | HOW MUCH? | MOOD BEFORE: | MOOD AFTER: |
|-------|--------|----------------|-----------|--------------|-------------|
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**WHAT'S YOUR MOOD?** EXHAUSTED, ANGRY, SAD, FRUSTRATED, STRESSED, DEPRESSED, OVERWHELMED, ANXIOUS, LONELY, JEALOUS, BORED, HOPEFUL, CONTENT, HAPPY, EXCITED, ETC.

**MY DAY IN REVIEW:** (TIMES/SITUATIONS/MOODS LIKELY TO CAUSE CRAVINGS, TYPES OF FOOD MOST LIKELY TO CAUSE CRAVINGS, ETC.)

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**BEHAVIORS THAT REQUIRE MY ATTENTION:**

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**HOW DID I DO TODAY?**  GREAT  OKAY  WILL DO BETTER TOMORROW