

— THE —
30-Day SUGAR
ELIMINATION
— DIET —
Journal

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DAILY JOURNAL



DATE: _____

I'm grateful for the following things today: _____

These are the things I wish were different and why: _____

These are the food and other triggers I faced today: _____

Here's how I rate my hunger today:

1 2 3 4 5

Here's how I rate my cravings today:

1 2 3 4 5

Here's how I rate my adherence to my food plan today:

1 2 3 4 5

I drank _____ ounces of water today.

HERE’S HOW I FELT AFTER EATING TODAY:

	PHYSICAL SYMPTOMS	MOOD ISSUES	GENERAL SATISFACTION
BREAKFAST			
LUNCH			
DINNER			

	(CHECK ONE)	YES	MOSTLY	SOMEWHAT	NO
I ate the food I planned.					
I reached out for support in my online community.					
I found time for self-care.					
I recognized when I was eating out of habit instead of hunger.					
I did not eat sugar or refined carbs.					

WEEKLY RECAP

WEEK #: _____

This week I lost _____, gained _____, stayed the same _____.

How does this number make me feel? _____

How did I feel before I stepped on the scale? _____

Looking back at my daily food journal, what did I do really well this week? _____

What were my non-scale victories this week? _____

Where did I struggle this week? _____

What do I need to work on or tweak in the coming week to reach my goals? _____

30-DAY CHECKLIST

MY GOAL: TO COMPLETE THE 30-DAY SUGAR ELIMINATION DIET

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
DAY 11	DAY 12	DAY 13	DAY 14	DAY 15
DAY 16	DAY 17	DAY 18	DAY 19	DAY 20
DAY 21	DAY 22	DAY 23	DAY 24	DAY 25
DAY 26	DAY 27	DAY 28	DAY 29	DAY 30