

* Hunger (1-5): 1 = not hungry, 5 = extremely hungry

**Speed (1-5): 1 = ate super slow, 5 = ate super fast

Today's Date: _____

| | Breakfast | Snack | Lunch | Snack | Dinner | Post-Dinner |
|------------------------------|-----------|-------|-------|-------|--------|-------------|
| Time | | | | | | |
| Food/Drink | | | | | | |
| cal. fat protien sugar fiber | | | | | | |
| water intake | | | | | | |
| Where? | | | | | | |
| With whom? | | | | | | |
| Feeling Before | | | | | | |
| Hunger (1-5)* | | | | | | |
| Speed (1-5)** | | | | | | |
| Feeling After | | | | | | |

Sleep

| | |
|--------------------------------|--|
| What time did you wake up? | |
| What time did you go to sleep? | |

Additional Notes (e.g. concerns, mood, cravings, thoughts, energy level, etc.)

Exercise

| |
|-----------|
| Type? |
| Duration? |
| Where? |
| When? |

Today I'm proud of myself for (or I'm grateful for)...

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____