

Date _____

Time	Meal B, L, D or snack	Foods Eaten	Hunger/ Fullness Rating (famished 1- 10 (full))	Emotions Bored, stressed, hurried	Source (Packaged/Restaurant/Home Cooked)	Additional Comments

Daily Summary

- **Sleep Quality Last Night:**
- **Energy Level Today:**
- **Hydration Level:**
- **Exercise:**
- **Stress Levels:**
- **Additional Comments:**