

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:
- Hydration Level:
- Stress Levels:
- Energy Level Today:
- Exercise:
- Additional Comments: