

Daily Food Intake, Activity & Energy Record

Name: _____

Date: _____

Meal	Time	Food Eaten (List each major ingredient separately, unless food is pre-prepared or ingredients are unknown)	Serving Amount

Time	Physical Activity	Duration (Time or Distance)	RPE	EHR
TOTAL TIME:				

For intensity, record your Rating of Perceived Exertion (RPE) or Exercise Heart Rate (EHR) of the physical activity or exercise.

DAILY ENERGY & EMOTION CHART

Morning (A.M.)												
ACTIVITY	12	1	2	3	4	5	6	7	8	9	10	11
Most Energy												
Least Energy												
Eat												
Work												
Exercise												
Relax/Sleep												
Stress/Anxiety												
Depression												
Pain/Discomfort												
Afternoon & Evening (P.M.)												
ACTIVITY	12	1	2	3	4	5	6	7	8	9	10	11
Most Energy												
Least Energy												
Eat												
Work												
Exercise												
Relax/Sleep												
Stress/Anxiety												
Depression												
Pain/Discomfort												

Meal - Indicate breakfast, lunch, dinner, or snack.
Record supplements and nutritionals separately.

Please check the box for the time during the day when you experienced any of the above activities/emotions.