**Day/Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Meal** (time, amount, basic ratio CHO:Pr&F) | **Mood/How I Felt** | **Energy Level** | **Situation** (activity/place) | **Symptoms** | **Hunger Level** (0-5) | **Satisfaction** |
| Pre-breakfast |  |  |  |  |  |  |
| Breakfast |  |  |  |  |  |  |
| Snack – a.m. |  |  |  |  |  |  |
| Lunch |  |  |  |  |  |  |
| Snack – p.m. |  |  |  |  |  |  |
| Dinner |  |  |  |  |  |  |
| Post-dinner |  |  |  |  |  |  |
| Physical Activity:  |

Glasses of water 1 2 3 4 5 6 7 8 9 10 Hours of Sleep: \_\_\_\_\_\_\_\_\_\_

Notes, Comments, Lessons: