

Date: _____

Breakfast: _____ Time: _____

Lunch: _____ Time: _____

Dinner: _____ Time: _____

Snacks: _____ Time: _____

Did you feel hungry today? If so, at what time of day? _____

Did you get cravings for any particular foods today? _____

How were your energy levels today? Did you feel tired/lethargic? If so, at what time of day? _____

Tick which items you achieved today:

- I ate 70% of my calories before 3.30pm
- I went to bed before 10pm
- I chewed my food to a liquid
- I drank the correct amount of water
- I was relaxed when eating
- I ate clean food (i.e. no processed foods)
- I exercised for at least 30 minutes
- I ate leafy green vegetables today

Notes:

Things I need to prepare for tomorrow:

