

Food Journal of:

Day of the week and date:

What time did you get up today:

Work / Office day? Yes No

What time did you go to bed the previous day?:

Quality of sleep: (good) 1 2 3 (poor)

Daily physical activity (incl duration)

Time	Drink <i>1 cup = 8 oz</i>	Food	Amount / Size <i>eg. 1 cup, 1 TBSP</i>	Location <i>Where did you eat?</i>	Reason / Mood <i>Breakfast, just hungry, snack,...</i>	How did you feel?