

Name: _____

Date: _____

Day of the week: _____

Day # _____

Time	Amount (Be specific: cups, grams, palm, fist) For exercise: mins	Food, Fluids and Exercise	Situation Where were you when you ate this?	Feelings Hungry? Emotional? Stressed? What were the cues and triggers?

Comments:

Evaluate your day:

Today you felt your eating was (circle all that apply): **Healthy** **Rushed** **Unhealthy** **Not sure**

How much sugar do you think you had today (in teaspoons):

Did you have these food groups today (circle all that apply): **Dairy** **Fruits & Vegetables** **Grains**

Meat **Egg** **Fish** **Beans** **Legumes**

Staff use only:

___ Fruits and Vegetables

Other:

___ Dairy, type:

___ Meats & Alt

___ Grains

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