

Week of:_____

| Monday | | | | |
|---|-------------------------------------|------|-------------------------|---------------------|
| Meal/Snacks (Indicate time of day) | What You Ate/Drank and How Much | Mood | Hunger Before (1-10) | Hunger After (1-10) |
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| Activity | | | Duration | |
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| Notes: (Energy, Sleep, Travel, Activities that Impact Your Day) | | | | |
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| Tuesday | | | | |
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| Meal/Snacks (Indicate time of day) | What You Ate/Drank and How Much | Mood | Hunger Before (1-10) | Hunger After (1-10) |
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| Activity | | | Duration | |
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| Notes: (Energy, Sleep, Travel, Activities that Impact Your Day) | | | | |
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| Wednesday | | | | |
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| Meal/Snacks (Indicate time of day) | What You Ate/Drank and How Much | Mood | Hunger Before (1-10) | Hunger After (1-10) |
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| Notes: (Energy, Sleep, Travel, Activities that Impact Your Day) | | | | |
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| Thursday | | | | |
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| Friday | | | | | |
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| Notes: (Energy, Sleep, Travel, Activities that Impact Your Day) | | | | | |
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| Saturday | | | | | |
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| Sunday | | | | | |
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