

Name: _____ Date: _____

Day (circle one): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Time of Day	Minutes Spent Eating	Meals/Snacks/ Drinks— <u>List Each Food</u>	How Much of Each?	Hungry? Yes/ No	Standing, Sitting, or Reclining?	Activity while eating?	Where are you eating?	Eating (with whom)?
PLEASE	WRITE	YOUR EXERCISE	TYPE, TIME,	INTENSITY	DURATION	BELOW THIS	LINE FOR THE	WEEK!