

Daily Health Diary

Day:

Date:

Health Day #:

FOOD

How hungry were you? Rate (0-5)	Time you ate?	What & how much did you eat? Include details of all food you ate, no matter how small.	How full were you after eating? Rate (0-5)
Breakfast:			
Snack:			
Lunch:			
Snack:			
Dinner:			
Snack:			

Hydration: How much water did you drink (oz)? _____

What other liquids did you drink? (Coffee, tea, fruit juice, soda, alcohol, etc.) Provide details: _____

EXERCISE

Type of Exercise:	Total Minutes:
Exercise Intensity: (Rate 1 easy - 10 hard)	Max Heart Rate (during exercise): (BPM)

SUPPLEMENTS: (What vitamin/mineral/herbal supplements did you take today?)

HOW ARE YOU FEELING TODAY?

DESCRIBE YOUR PHYSICAL AND MENTAL ENERGY LEVELS: (Fatigue? High energy followed quickly by very low energy? Mental fog?)

DESCRIBE YOUR SLEEPING PATTERNS (What time did you go to bed? Wake up? Quality of sleep? Did you wake up during the night?)

DO YOU HAVE ANY PHYSICAL PAIN? (Describe where and when you feel it the most.)

ARE YOU EXPERIENCING STRESS? (Detail when and where you feel the most stressed. What is making you feel stressed? What do you eat when you are stressed? How do you deal with the stress?)

DESCRIBE YOUR EMOTIONS (Describe any emotions you feel throughout the day, and when you feel hungry. Often hunger arises as a response to emotions that you may not wish to feel. So write as much as you can about how you are feeling physically, mentally, and emotionally throughout the day.)