

Elizabeth Baron Cole and Associates

Registered Dietitian Nutritionists · Medical Nutrition Therapy · Certified Health & Fitness Specialists & Trainers
2121 Wilshire Blvd, Ste. 302 Santa Monica, CA 90403 · 310.453.5212 · eatwelldaily@gmail.com · www.eatwelldailynutrition.com

<u>DAY</u> <u>DATE</u>	<u>HUNGER</u> <i>Before Eat</i> <u>FULLNESS</u> <i>After Eat</i> <i>1 = Least</i> <i>10 = Most</i>	<u>FOOD</u> <u>AMOUNT and TYPE</u>	<u>FLUID</u> <i>AMOUNT, TYPE</i> <u>OTHER</u> <i>Glucose</i> <i>Protein</i> <i>Carbohydrate</i> <i>Sugar</i>	<u>PHYSICAL</u> <i>POS. or NEG.</i> <i>e.g. Energy,</i> <i>Fatigue, Pain,</i> <i>Heartburn,</i> <i>Bloat, Gas,</i> <i>Elimination</i> <i>TIME</i>	<u>EMOTIONAL</u> <i>POS. or NEG.</i> <i>e.g. Excited,</i> <i>Bored</i> <i>Lonely</i> <i>Angry</i> <i>Frustrated</i> <i>Hurt, Sad</i> <i>Scared</i>
BREAKFAST _____ Time	HUNGER FULLNESS				
SNACK _____ Time	HUNGER FULLNESS				
LUNCH _____ Time	HUNGER FULLNESS				
SNACK _____ Time	HUNGER FULLNESS				
DINNER _____ Time	HUNGER FULLNESS				
SNACK _____ Time	HUNGER FULLNESS				

POSITIVE ACCOMPLISHMENTS

QUESTIONS / CONCERNS / SUPPLEMENTS / MEDICATIONS

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