



Date: _____

Intention for today: _____

Breakfast: _____

Hunger Level (0-5) _____ Comments: _____

Lunch: _____

Hunger Level (0-5) _____ Comments: _____

Dinner: _____

Hunger Level (0-5) _____ Comments: _____

Snacks: _____

Hunger Level (0-5) _____ Comments: _____

Digestion: _____

Energy: _____

Mood: _____

Cravings or Struggles: _____

Today I appreciate myself for: _____