

# FOOD DIARY

Date: \_\_\_\_\_

Meal	Time & Location	How I felt Before	How I felt After
Breakfast			<input type="checkbox"/> too hungry <input type="checkbox"/> too full <input type="checkbox"/> just right <b>Emotions:</b> _____ _____ _____ _____
Lunch			<input type="checkbox"/> too hungry <input type="checkbox"/> too full <input type="checkbox"/> just right <b>Emotions:</b> _____ _____ _____ _____
Dinner			<input type="checkbox"/> too hungry <input type="checkbox"/> too full <input type="checkbox"/> just right <b>Emotions:</b> _____ _____ _____ _____

Meal	Time & Location	How I felt Before	How I felt After
Snacks			<input type="checkbox"/> too hungry <input type="checkbox"/> too full <input type="checkbox"/> just right <b>Emotions:</b> _____ _____ _____ _____ _____ _____ _____
Drinks	Water: _____ cups Others: _____ _____ _____		

Notes:

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# SELF-CARE DIARY

## Healthy choices I made today:

*(Try for 5 each day ; see self-care list for ideas)*

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**2**

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**3**

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**4**

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**5**

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***Because this is how I care for me!***

# BODY DIARY

## How my body felt today

skin issues    relaxed    tight    painful    other

# times peed today \_\_\_\_\_

# times pooped today \_\_\_\_\_

## Menstruation today?

none    ovulation    light    medium    heavy    painful

## Stress Level today?

none    intermitent    low    medium    high

## How I handled stress today

stayed calm    had some moments    not good    terrible

## How busy I was today

not at all    a little    very    extremely

How much sleep I got last night \_\_\_\_\_

## Notes:

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# REFLECTION

**Are there certain check mark boxes that were marked frequently?**

*If so, go back and look for a potential cause.*

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*Brainstorm some ideas and reflect on these patterns.*

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**Are you writing the same things over and over?**

*Are they good things or bad things?*

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*If they are good notes, then how can you find more ways to do something similar? If they are bad notes, can you think of a way to break out of that pattern?*

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*And if you have tried to make changes without success, can you imagine what may be holding you back from change?*

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**Pick one thing that is going well that you will commit to continuing.**

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**Notice one challenge and come up with some ideas to changes these foods/thoughts/habits.**

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