

# 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 Emotions: _____ _____
Lunch			<input type="checkbox"/> too hungry <input type="checkbox"/> too full <input type="checkbox"/> just right Emotions: _____ _____
Dinner			<input type="checkbox"/> too hungry <input type="checkbox"/> too full <input type="checkbox"/> just right Emotions: _____ _____
Snacks			<input type="checkbox"/> too hungry <input type="checkbox"/> too full <input type="checkbox"/> just right Emotions: _____ _____
Drinks	Water: _____ cups Others: _____ _____		

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# SELF-CARE & BODY DIARY

## Healthy choices I made today:

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

**1** \_\_\_\_\_

**2** \_\_\_\_\_

**3** \_\_\_\_\_

**4** \_\_\_\_\_

**5** \_\_\_\_\_

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

### 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 \_\_\_\_\_

# 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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