FOOD &ACTIVITY JOURNAL

Name: _____ Date: _____ **Check all that apply:** ☐ Typical Day ☐ Work Day ☐ Day off ☐ Unusual Day

TIME	FOOD AND LIQUID CONSUMED	PORTION SIZE	HUNGER LEVEL BEFORE (SCALE OF 1-5)	SATISFACTION AFTER (SCALE OF 1-5)	ENERGY LEVEL AFTER (SCALE OF 1-5)	SUPPLEMENTS & MEDICATION (TYPE AND DOSE)

ACTIVITY	TIME	DURATION