

Daily Health Diary

Date/Day	Time of Day	Food Eaten (incl. amount)	Beverages	Hunger Rating (0-10)	Mood (happy, bored stressed, etc)	Energy Level (0-10)	Exercise Details
	Breakfast						<p><u>Exercise Mode:</u></p> <p><u>Duration</u> (mins):</p> <p><u>Intensity</u> (on a 0-10 scale, how hard would you rate your exercise session?):</p> <p><u>Today's Pedometer Steps:</u></p>
	Morning Tea						
	Lunch						
	Afternoon Tea						
	Dinner						
	Supper						
	Breakfast						<p><u>Exercise Mode:</u></p> <p><u>Duration</u> (mins):</p> <p><u>Intensity</u> (on a 0-10 scale, how hard would you rate your exercise session?):</p> <p><u>Today's Pedometer Steps:</u></p>
	Morning Tea						
	Lunch						
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