

Tools for Success: Daily Food and Beverage Record

Remember, Honesty Counts!

| Day of Week | Time | Food (type and amount) | Beverage (w or w/o sugar) | Mood Before/After | How full are you? (Rate 1 to 10) 1=not at all — 10=full |
|-------------------|--|----------------------------|-------------------------------|----------------------|---|
| Monday EXAMPLE | Breakfast | Large bagel w/cream cheese | 2 12 oz Coffees with 3 sugars | Happy / Irritable | 4 |
| | Morning (5 a.m. - 9 a.m.) | | | | |
| | Mid-Morning (9 a.m. -12 p.m.) | | | | |
| | Early-Afternoon (12 p.m.-2:30 p.m.) | | | | |
| | Mid Afternoon (2:30 p.m.-5 p.m.) | | | | |
| | Evening (5 p.m.-8 p.m.) | | | | |
| | Late Evening (8 p.m.-12 p.m.) | | | | |
| | Early Morning (12 p.m.-5 a.m.) | | | | |

How did I do today? Great Good So-So There is a lot of Room for Improvement

What is the wisest food/beverage choice I made today? _____

What is one healthier choice I could I have made? _____

My food/beverage goal tomorrow is: _____