

LEARNING TO LISTEN TO YOUR BODY (Daily Diary)

Name _____ Date _____

Questions:	Answers:
How is your mood before breakfast?	
What did you have for Breakfast?	
Time:	
Before Lunch Assessment of Breakfast:	
Was your breakfast satisfying to you?	
Did you need a snack before lunch?	
Did you or do you have any cravings?	
How is your mood?	
How is your energy?	
How is your mental clarity?	
What did you have for Lunch?	
Time:	
Before Dinner Assessment of Lunch:	
Was your lunch satisfying to you?	
Did you need a snack before dinner?	
Did you or do you have any cravings?	
How is your mood?	
How is your energy?	
How is your mental clarity?	
What did you have for Dinner?	
Time:	
Before Bedtime Assessment of Dinner:	
Was your dinner satisfying to you?	
Did you need a snack between dinner & bedtime?	
Did you or do you have any cravings?	
How is your mood?	
What is your overall assessment of how you felt today?	

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