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Reflect on Your Day- Please fill this out with each day of your food diary.

Circle Y for Yes and N for No.

- Did you eat something today only because of habit? Y / N
- Did you skip any meals today? Y / N
- Did you go longer than four to five hours without eating? Y / N
- Did you eat too little in the morning? Y / N
- Did you eat more at night than any other time? Y / N
- Did you eat a lot of high-fat foods, such as whole dairy, fried foods, and desserts? Y / N
- Did you eat the same foods as you do every other day? Y / N
- Did you eat according to mood rather than hunger today? Y / N
- Did you exercise today? Y/N, if yes what did you do?