

OBSERVATION FORM

Name: _____

Date: _____

In addition to your daily dietary intake form, it is beneficial to note what you eat and drink daily and how they will affect your body and well being. This form will assist you in seeing your personal response and relationship to your diet.

Exercise / Movement: What did you do? For how long? How did it make you feel?

Relaxation: What type? (meditation, reading, dancing, etc.) How Long? How did it make you feel?

Energy Levels: How did you feel before and after...

Breakfast?

Lunch?

Dinner?

General Energy: What does your energy levels look like throughout the day? When are you tired?

Moods: Do you feel pretty even keel or do you have slumps? When? Does it relate to when you eat?

Stress: Was this a stressful or easy day? Rate from 1 to 10 with 10 being most stressful.

Food Cravings / Allergies: What and when?

Other Observations: Did I eat for emotional reasons? Physically? (gas, headache, bloat, over stimulated) Emotionally? (guilt, depression, contentment) Mentally clear or fuzzy? Does drinking water affect how I feel? What motivates me to eat? Overeat or under eat?