



Health & Wellbeing Diary

DATE :

WEEKDAY OR WEEKEND

LIST ALL MEALS & TIME (INCLUDING DRINKS, PORTION SIZE,)

BREAKFAST

SNACKS

LUNCH

EXERCISE

DINNER

SLEEP

MOOD & EMOTIONS & STRESS LEVEL & WORKLOAD

SEE ATTACHED LIST OF QUESTIONS THAT MIGHT BE HELPFUL



QUESTIONS

How stressed are you on a scale of 1 to 10? (10 being extremely stressed)

How many hours did you sleep? (between 7 to 9 is optimal)

Are you craving a particular food? (fried, sugary, fatty, salty)

How do you feel? (mood swings, irritability, anger, apathy, depression, low energy)

How much exercise have you done today? (intensity, activity, time)

Are you eating your emotions? (Eating when you are bored, stressed, lonely, sad)

Do you reward yourself with food?

Are you aware of portion sizes? of do you go back for a second serving?

How many cups of coffee did you have?

Do you eat fast, or do you practice mindful eating? (chewing properly & slowly)

Was your meal the best quality possible or ready-made lower quality?

Do you have set mealtime? (eating regularly or depending on a daily schedule)

Do you feel beyond the feeling of satiety or fullness? or hungry ?

Do you prefer to eat with other people or on your own?

Do you nibble continually after 18:00?

Do you eat when you are under pressure?

Do you drink enough water before a meal?

If you skip a meal, do you feel irritable, poor concentration, headache?

Do you suffer from any gastrointestinal dysfunction? (bloating, excess wind, burping, heartburn, constipation, diarrhoea, abdominal cramping)

Do you eat 5-10 portions of fruit and vegetable a day?

Do you include protein to every meal? (eggs, meat, nuts& seeds, beans)

Are you satisfied with you Health & Wellbeing today?

If this was the last day of your life, did you enjoy it?