# Daily Food Intake, Activity & Energy Record

A Better Way Hypnotherapy • 7 Brendan Way, Suite C • Greenville, South Carolina 29615 • (864)242-5810

**Name:** ______________________________________________ **Date:** ________________

| Meal | Time | **Food Eaten** (List each major ingredient separately, unless food is pre-prepared or ingredients are unknown) | Serving Amount |
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Meal - Indicate breakfast, lunch, dinner, or snack. Record supplements and nutritionals separately.

| Time | Physical Activity | Duration (Time or Distance) | RPE | EHR |
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| TOTAL TIME | | | | |

Record your Rating of Perceived Exertion (RPE) or Exercise Heart Rate (EHR) for the activity.

## DAILY ENERGY CHART

| Morning (A.M.) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACTIVITY | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Most Energy | | | | | | | | | | | | |
| Least Energy | | | | | | | | | | | | |
| Eat | | | | | | | | | | | | |
| Work | | | | | | | | | | | | |
| Exercise | | | | | | | | | | | | |
| Relax/Sleep | | | | | | | | | | | | |
| Pain/Discomfort | | | | | | | | | | | | |
| Afternoon & Evening (P.M.) | | | | | | | | | | | | |
| ACTIVITY | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| Most Energy | | | | | | | | | | | | |
| Least Energy | | | | | | | | | | | | |
| Eat | | | | | | | | | | | | |
| Work | | | | | | | | | | | | |
| Exercise | | | | | | | | | | | | |
| Relax/Sleep | | | | | | | | | | | | |
| Pain/Discomfort | | | | | | | | | | | | |