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**Hours of sleep** *(please circle)*  **Physical activity** *(type, duration)* …………………………………..

**4 5 6 7 8 9 10** ………………………………………………………………………………………

**Glasses of water/water-based drink** **Energy level** **1 2 3 4 5 6 7 8 9 10**

**1 2 3 4 5 6 7 8 Stress Level 1 2 3 4 5 6 7 8 9 10**

**Summary of my day** *(cravings, timing of meals, effects of certain foods/drinks)*………………………………………

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**Insights/lessons learned** …………………………………………………………………………………………………………………………..

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