

# THE RIGHT BALANCE

**Date:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
Snacks							
Water <b>(glass)</b>							
Exercise <b>Type + minutes</b>							
Overall Feelings							

**Record your food, beverage intake as well as *how you felt* after every meal i.e. hungry, sad, bored, bloated, full – can be mixture of feelings (record this at the end of everyday)**

Please be very specific i.e. use terms e.g. 1 cup, tablespoons, teaspoons, packet, 2 glasses and use brand names where appropriate etc