**Name:……………………………**

**Day of the week and Date:………………….**

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| --- | --- | --- | --- |
| Time: | What did you ate and drunk(+ amounts – in cups, ml, gram, etc.): | Situation, place and with others or alone? | Automatic thoughts – Feelings – Before, during, after eating + Energylevel (0= no energy, 10 = high energy) |
|  |  |  |  |