

# HCA Daily Health Diary



Date /Day	Time of Day	Food Eaten (incl. amount)	Beverages	Hunger Rating (0-10)	Mood (happy, bored, stressed etc.)	Energy Level (0-10)	Exercise Details
	Breakfast						<u>Exercise mode:</u>  <u>Duration (mins):</u>  <u>Intensity (on a 0-10 scale, how hard would you rate your exercise session?):</u>  <u>Today's pedometer steps:</u>
	Morning Tea						
	Lunch						
	Afternoon Tea						
	Dinner						
	Supper						

	Breakfast						<u>Exercise mode:</u>  <u>Duration (mins):</u>  <u>Intensity (on a 0-10 scale, how hard would you rate your exercise session?):</u>  <u>Today's pedometer steps:</u>
	Morning Tea						
	Lunch						
	Afternoon Tea						
	Dinner						
	Supper						