

Becoming a Woman that C.A.R.E.S. HALT Food Diary

Instructions: Record your food/beverage consumption for the next seven days and circle any emotions that accompany your choices.

| | List food/beverage consumed | Did you eat: Too much, Too Little, Just Right | Emotional Check: Hungry, Angry, Lonely, Tired |
|-------------------------------|-----------------------------|---|---|
| MONDAY Breakfast | | | H A L T |
| Lunch | | | H A L T |
| Dinner | | | H A L T |
| TUESDAY Breakfast | | | H A L T |
| Lunch | | | H A L T |
| Dinner | | | H A L T |
| WEDNESDAY Breakfast | | | H A L T |
| Lunch | | | H A L T |
| Dinner | | | H A L T |
| THURSDAY Breakfast | | | H A L T |
| Lunch | | | H A L T |
| Dinner | | | H A L T |
| FRIDAY Breakfast | | | H A L T |
| Lunch | | | H A L T |
| Dinner | | | H A L T |

Do you have any OBSERVATIONS/INSIGHTS? Did you observe any patterns?

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