

DAILY FUEL LOG

Name: _____ Date: _____



THE OHIO STATE UNIVERSITY
HEALTH PLAN

YOUR PLAN
FOR HEALTH

	Time	Where did you eat?	Did you eat alone or socially?	Food and Quantity	Hunger Rating before meal	Hunger Rating after meal	Comments/ Feelings
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							
Total							
Exercise/ Physical Activity							

Hunger Rating: 1 = Extreme Hunger, 5 = Comfortable, 10 = Stuffed, Uncomfortable