Resource for Option #2

BREAKFAST DIARY

Name	Period Assign # For <u>Week =</u>	<u>#1</u>
record breakfast foods y	ou have listed on your HEALTH HABIT DIARY. F	or the
next week (Week #2) ea	t breakfast on a daily basis. Record what you eat in t	the
square of the day.		
At the end of completing	g week #2, answer the questions at the bottom of the	chart.
WEEK 1 - DATE		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		
		7
WEEK 2 - DATE		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Do you normally eat breakfast?

Describe how you have physically felt during the two weeks time you have been eating breakfast. Is there a difference in how you generally feel when you do not eat breakfast?