

Phase Number _____ Date _____

DAILY TRACKER

Use one copy of this page each day. For the five symptom categories, indicate your overall experience throughout the day. Add up the points from these categories, and record the sum as your Total Score (which will range from 0 to 20). Next, note how many processed carbohydrates you ate and record your other activities. Finally, graph your Total Score into the Monthly Progress Chart, using ink (green, yellow or red) corresponding to your processed carbohydrate intake. At the bottom of the page, note your activities related to other program targets (stress reduction, movement, and sleep)

Hunger control. Today, I felt:

0 (starving) 1 (very hungry) 2 (moderately hungry) 3 (slightly hungry) 4 (no hunger) _____
points

I felt hungriest these times: _____

Craving control. Today, my cravings were:

0 (high) 1 2 (average) 3 4 (absent) _____
points

I craved the following foods: _____

Satiety. Today, I felt satisfied after eating:

0 (not at all) 1 2 (a couple hours) 3 4 (until the next meal) _____
points

I felt most satisfied after the following meals: _____

Energy level. Today, my overall energy level was:

0 (low) 1 2 (average) 3 4 (high) _____
points

Comments: _____

Well-being. Today, my overall level of well being was:

0 (low) 1 2 (average) 3 4 (high) _____
points

Comments: _____

_____ **Total Score**

I had the following number of PROCESSED CARBOHYDRATES* today (circle one):

Graph your Total Score in the Monthly Progress Chart using the indicated color of ink

0 to 1
green

2
yellow

3 or more
red

* Includes refined grains (bread, pasta, white rice, etc), white potato or potato products, any food with added sugar and fruit juice

I did my 5-minute stress reduction: AM PM
I did my after-meal walks: AM PM
I did my joyful movement: (what kind) _____
I did my pre-bedtime routine: (describe) _____