

Food Plan: Daily food habits, and nutrition

WHEN	WHERE DID YOU EAT?	HOW DID YOU EAT?	WHY DID YOU EAT?	WHAT AND HOW MUCH DID YOU EAT?	WAS IT ENJOYABLE?	FEELING?
Breakfast	<input type="checkbox"/> At Home <input type="checkbox"/> Infront of TV <input type="checkbox"/> Street Food <input type="checkbox"/> Restaurant <input type="checkbox"/> Fast Food <input type="checkbox"/> Canteen <input type="checkbox"/> _____	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> On the Move <input type="checkbox"/> With others <input type="checkbox"/> On own <input type="checkbox"/> _____	<input type="checkbox"/> Hungry <input type="checkbox"/> With Others <input type="checkbox"/> Stressed <input type="checkbox"/> Bored <input type="checkbox"/> Habit <input type="checkbox"/> Treat <input type="checkbox"/> For Energy <input type="checkbox"/> _____		<input type="checkbox"/> 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞	<input type="checkbox"/> Fed Up <input type="checkbox"/> Full <input type="checkbox"/> Still Hungry <input type="checkbox"/> Satisfied <input type="checkbox"/> Unsatisfied
Snack	<input type="checkbox"/> At Home <input type="checkbox"/> Infront of TV <input type="checkbox"/> Street Food <input type="checkbox"/> Restaurant <input type="checkbox"/> Fast Food <input type="checkbox"/> Canteen <input type="checkbox"/> _____	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> On the Move <input type="checkbox"/> With others <input type="checkbox"/> On own <input type="checkbox"/> _____	<input type="checkbox"/> Hungry <input type="checkbox"/> With Others <input type="checkbox"/> Stressed <input type="checkbox"/> Bored <input type="checkbox"/> Habit <input type="checkbox"/> Treat <input type="checkbox"/> For Energy <input type="checkbox"/> _____		<input type="checkbox"/> 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞	<input type="checkbox"/> Fed Up <input type="checkbox"/> Full <input type="checkbox"/> Still Hungry <input type="checkbox"/> Satisfied <input type="checkbox"/> Unsatisfied
Lunch	<input type="checkbox"/> At Home <input type="checkbox"/> Infront of TV <input type="checkbox"/> Street Food <input type="checkbox"/> Restaurant <input type="checkbox"/> Fast Food <input type="checkbox"/> Canteen <input type="checkbox"/> _____	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> On the Move <input type="checkbox"/> With others <input type="checkbox"/> On own <input type="checkbox"/> _____	<input type="checkbox"/> Hungry <input type="checkbox"/> With Others <input type="checkbox"/> Stressed <input type="checkbox"/> Bored <input type="checkbox"/> Habit <input type="checkbox"/> Treat <input type="checkbox"/> For Energy <input type="checkbox"/> _____		<input type="checkbox"/> 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞	<input type="checkbox"/> Fed Up <input type="checkbox"/> Full <input type="checkbox"/> Still Hungry <input type="checkbox"/> Satisfied <input type="checkbox"/> Unsatisfied
Snack	<input type="checkbox"/> At Home <input type="checkbox"/> Infront of TV <input type="checkbox"/> Street Food <input type="checkbox"/> Restaurant <input type="checkbox"/> Fast Food <input type="checkbox"/> Canteen <input type="checkbox"/> _____	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> On the Move <input type="checkbox"/> With others <input type="checkbox"/> On own <input type="checkbox"/> _____	<input type="checkbox"/> Hungry <input type="checkbox"/> With Others <input type="checkbox"/> Stressed <input type="checkbox"/> Bored <input type="checkbox"/> Habit <input type="checkbox"/> Treat <input type="checkbox"/> For Energy <input type="checkbox"/> _____		<input type="checkbox"/> 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞	<input type="checkbox"/> Fed Up <input type="checkbox"/> Full <input type="checkbox"/> Still Hungry <input type="checkbox"/> Satisfied <input type="checkbox"/> Unsatisfied
Evening	<input type="checkbox"/> At Home <input type="checkbox"/> Infront of TV <input type="checkbox"/> Street Food <input type="checkbox"/> Restaurant <input type="checkbox"/> Fast Food <input type="checkbox"/> Canteen <input type="checkbox"/> _____	<input type="checkbox"/> Sitting <input type="checkbox"/> Standing <input type="checkbox"/> On the Move <input type="checkbox"/> With others <input type="checkbox"/> On own <input type="checkbox"/> _____	<input type="checkbox"/> Hungry <input type="checkbox"/> With Others <input type="checkbox"/> Stressed <input type="checkbox"/> Bored <input type="checkbox"/> Habit <input type="checkbox"/> Treat <input type="checkbox"/> For Energy <input type="checkbox"/> _____		<input type="checkbox"/> 😊 <input type="checkbox"/> 😐 <input type="checkbox"/> 😞	<input type="checkbox"/> Fed Up <input type="checkbox"/> Full <input type="checkbox"/> Still Hungry <input type="checkbox"/> Satisfied <input type="checkbox"/> Unsatisfied



- Reflect on eating habits, the quality, the amount, and macronutrients. Aim to eat around practices, and balanced nutrient content. Awareness of what you eat.
- Nutrition and dietary needs will have an affect on athletic performance, and general health.