Freshman 15

Date: _____ Mon Tue Wed Thurs Fri Sat Sun Weight: _____

Time	Food/Beverage	Amount	Calories	
		Totals:		

Check # 8 ounce glasses of water:

Physical Acvtivity	Minutes	Intensity Low/Medium/High	Calories

Check off any contribution(s) to F15 today:
(give yourself a smiley face if you didn't)

F	I	F	T	E	E	N	L	B	S

F: Friends
I: Increase access to food/increase variety
F: Fast food
T: Tequila and all alcohol
E: Eating while studying
E: Emotional Eating
N: Nobody's watching
L: Lack of structure
B: Beverages
S: Sleep

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