

Date:		F	C	P
Time:	Meal 1			
Time:	Meal 2			
Time:	Meal 3			
Time:	Meal 4			
Time:	Meal 5			
Time:	Meal 6			
Time:	Meal 7			
Time:	Meal 8			
Time:	Meal 9			
Time:	Meal 10			

Are you happy with your meals? \_\_\_\_\_

Did you over eat? \_\_\_\_\_

How would you rate it out of 10? \_\_\_\_\_

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Did you over eat? \_\_\_\_\_

How would you rate it out of 10? \_\_\_\_\_