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| **DATA** | **HORA** | **FOME (0-10)** | **O QUE COMEU E QUANTO** | **SACIEDADE (0-10)** | **DURAÇÃO** | **ONDE E COM QUEM** | **SENTIMENTO E/OU SENSAÇÃO FÍSICA** |
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OBSERVAÇÕES QUE CONSTATOU AO PREENCHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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