

Day:	Date:					
Meal:	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time:						
How hungry*						
What do I want to eat?						
Mood/feelings before eating						
Foods eaten						
Where and with whom						
Rate of eating						
How full/satisfied after eating**						
Comments/thoughts on the day						

* **0-1**-Empty/Primal Hunger **2**-Ravenous **3**-Strong Hunger Pangs **4**-Mild Hunger Pangs **5**-Neutral ****6-7**-Satisfied/Comfortably Full **8**-Full **9**-Stuffed **10**-Sick