

DATE _____

DAY OF WEEK (circle) S M T W TH F S

WAKE UP TIME _____

TIME	FOOD/BEVERAGE	HUNGER LEVEL ¹	THINKING	MOOD ²	DOING
		1=starving... 1 2 3 4 5 6 7 8 9 10 ...10=uncomfortable			
		1=starving... 1 2 3 4 5 6 7 8 9 10 ...10=uncomfortable			
		1=starving... 1 2 3 4 5 6 7 8 9 10 ...10=uncomfortable			
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List supplements, prescription drugs, over the counter drugs, etc. here:

Record physical activity here:

¹ Use shading to indicate your hunger level *prior to* eating, and then when you *finish* eating. For example, if you felt starving when you began eating and felt satisfied when you finished, it would look like this:

1	2	3	4	5	6	7	8	9	10
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² Use a scale of 1-10 for mood, where 1=poor/negative and 10=good/positive. Record moods at each eating event *prior to* eating.