YOUR FOOD DIARY

Print three copies of this page and track your eating patterns for three days.

Date: _____

TIME (record start and end time of meal or snack)	PLACE (kitchen, living room, bedroom, car, desk at work)	WITH WHOM (alone, or with family, friends, colleagues)	ACTIVITY (reading, watching TV, talking, cooking)	MOOD (neutral, happy, tense, depressed, angry, bored, rushed, tired)	HUNGER (rate from 0–5, 0=no hunger, 5=starving)	AMOUNT	FOOD	FRUITS OR VEGE-TABLES (number of servings)	FULLNESS (after eating: 1=still hungry 2=quite satisfied 3=uncomfortable)	FILLED OUT JUST BEFORE OR AFTER EATING? (X=yes)

TOTAL: