FOOD JOURNAL

Directions: Record ALL foods and beverages consumed, no matter what the nutritional value is. Make a note of the way in which the food was prepared. Be sure to include sugar, margarine, or butter added to food as well as dressing or gravy. Start with getting up in the morning and end with going to sleep at night.

Name:

Date:

Day: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Stomach Hunger Scale	1 Too Hungry	2 Hungry	3 Satisfied/Not Hungry	4 Full	5 Too Full

If relevant, please note why you chose to eat.

	AMT.	FOOD EATEN	HUNGER Before/After		EXERCISE/ ACTIVITY
Breakfast					
Time:					
Where:					
Snack					
Time:					
Where:					
Lunch					
Time:					
Where:					
Snack					
Time:					
Where:					
Dinner					
Time:					
Where:					
Snack					
Time:					
Where:					