

THOUGHTS/FEELINGS FOOD DIARY

NAME _____

DATE _____

M T W Th F S Su

TIME	FOOD & LIQUID CONSUMED (INCLUDE AMOUNTS)	PLACE	BINGE	PURGE	HUNG. LEVEL	FULL. LEVEL	THOUGHTS/FEELINGS BEFORE & AFTER EATING (INCLUDE ANY ACTIVITY WHILE EATING)

GRAINS

FRUITS

MILK

FATS

VEGETABLES

PROTEIN

EXERCISE TYPE: _____ DURATION: _____ TIMES PER/DAY: _____

HUNGER/FULLNESS RATING SCALE: 1- EXTREME HUNGER, DIZZY 2- VERY HUNGRY, IRRITABLE 3- STRONG SIGNAL TO EAT
 4- FIRST SIGNALS THAT IT IS TIME TO EAT 5- PERFECTLY COMFORTABLE 6- SLIGHTLY OVEREATING
 7- STARTING TO FEEL UNCOMFORTABLE 8- VERY FULL 9- SO FULL IT IS STARTING TO HURT 10- ABSOLUTELY STUFFED