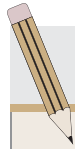


## SAMPLE FOOD DIARY

Here's an example  
of how to  
fill out a food  
diary

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 VEGETABLES (number of servings)	FULLNESS (after eating: 1=still hungry 2=quite satisfied 3=uncomfortable)	FILLED OUT JUST BEFORE OR AFTER EATING? (X=yes)
8:30-8:45 a.m.	Kitchen	Alone	Watching TV	Rushed	4	1.5 cups	Shredded wheat cereal		2	X
						1 cup	Skim milk			X
						1 medium	Banana	1		X
						2 teaspoons	Sugar			X
10:00-10:10 a.m.	Car	Alone	Driving	Happy	3	1 medium	Apple	1	2	
11:00-11:05 a.m.	Car	Alone	Driving	Rushed	2	1	Granola bar		2	
1:30-2:00 p.m.	Work	Colleagues	Talking	Happy	5	2 large slices	Cheese pizza		3	
						1 large	Chocolate chip cookie			X
6:00-6:10 p.m.	Kitchen	Alone	Cooking	Tired	5	2 pieces	Low-fat string cheese		1	
6:30-7:05 p.m.	Kitchen	Husband	Talking	Tired	4	6 oz	Baked chicken		2	X
						1 cup	Brown rice			X
						1 cup	Broccoli	1		X
						2 glasses	Iced tea			X
9:30-9:45 p.m.	Bed	Alone	Watching TV	Tired	2	1 cup	Frozen yogurt		3	
<b>TOTAL:</b>								<b>3</b>		



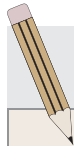
# YOUR FOOD DIARY

Print 3 copies of this page and track your eating patterns for three days.

Date: \_\_\_\_\_

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

**TOTAL:**



# YOUR SNACKING DIARY

Print 3 copies of this page and track your snacking patterns for three days.

TIME (start and end time of the 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 (0-5, with 0=no hunger, 5=starving)	AMOUNT	SNACK FOOD	CALORIES (if unknown, leave blank)	FULLNESS (after eating: 1=still hungry, 2=quite satisfied, 3=uncomfortable)	FILLED OUT JUST BEFORE OR AFTER EATING (X=yes)

**TOTAL:**