FOOD DIARY

Day: _____ Date: _____

(Start a new sheet for each day)

Time of Day	List Food/Drink	Amount	Cooking Method (Where appropriate)	From Home / Restaurant (if restaurant –Name it / type e.g. diner)	Level of Hunger	What you are doing right now
Time you got up this morning? _____		Oz. / cup/ tsp. / etc.	Fry / Boil / Bake / Toast		1 = not hungry 10= VERY hungry	Getting dressed/ sitting in restaurant/ walking / getting in office at desk/ watching TV

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