

Name: \_\_\_\_\_

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

## Food Journal

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Record food eaten during the day. Please indicate eating disorder behaviors (or urges to).	Notice hunger before eating and fullness after. (0=starving; 10=too full).	Write down any thoughts/feelings experienced before, during, & after the meal.
<b>Breakfast</b>		
<b>Snack</b>		
<b>Lunch</b>		
<b>Snack</b>		
<b>Dinner</b>		
<b>Snack</b>		