3 DAY FOOD LOG

You have three copies of this form for 3 days of recording your food intake. Two are to be filled out with everything you eat and drink on *two weekdays*, and one is to be completed with everything you eat and drink *one day during a weekend*.

Please be honest when writing down this information. Stay with your typical eating patterns. The more specific you are about product brands, names of restaurants, type of bread (wheat vs. white, etc.), type of milk (whole vs. skim, etc.) and other items you eat, the better. Every detail, such as portion size (teaspoon, tablespoon, cup, etc.), is important. For those unusual items prepared at home, please attach the recipe.

DAY 1 Date: Day of the Week: M T W Th F Sa Su

BREAKFAST	TIME:	LOCATION:	
BEFORE EATING			AFTER EATING
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts!			Thoughts/
feelings/ activities:			feelings/ activities:
detivities.			activities.
SNACK	TIME:	LOCATION:	
BEFORE EATING			AFTER EATING
Degree of Hunger (0-10):			Degree of Hunger (0-10):
(0-10).			(0-10).
Thoughts!			Thoughts/
feelings/			feelings/
activities:			activities:
LUNCH	TIME:	LOCATION:	
BEFORE EATING			AFTER EATING
Degree of Hunger			Degree of Hunger
(0-10):			(0-10):
Thoughts!			Thoughts/
feelings/			feelings/
activities:			activities:

SNACK	TIME:	LOCATION:	
Degree of Hunger (0-10): Thoughts! feelings/ activities:			AFTER EATING Degree of Hunger (0-10): Thoughts/ feelings/ activities:
DIMMED		I OCATIVON	
DINNER BEFORE EATING	TIME:	LOCATION:	AFTER EATING
Degree of Hunger			Degree of Hunger
(0-10):			(0-10):
Thoughts!			Thoughts/
feelings/ activities:			feelings/ activities:
detivities.			detivities.
SNACK	TIME:	LOCATION:	
BEFORE EATING			AFTER EATING
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/			Thoughts/ feelings/
activities:			activities:

Comments:

DAY 2 Date:

Day of the Week: M T W Th F Sa Su

BREAKFAST	TIME:	LOCATION:	
Degree of Hunger (0-10): Thoughts! feelings/activities:			AFTER EATING Degree of Hunger (0-10): Thoughts/ feelings/ activities:
SNACK	TIME:	LOCATION:	
Degree of Hunger (0-10): Thoughts! feelings/ activities:			AFTER EATING Degree of Hunger (0-10): Thoughts/ feelings/ activities:
LUNCH	TIME:	LOCATION:	
BEFORE EATING Degree of Hunger (0-10): Thoughts! feelings/ activities:			AFTER EATING Degree of Hunger (0-10): Thoughts/ feelings/ activities:

SNACK	TIME:	LOCATION:	
BEFORE EATING Degree of Hunger (0-10):			AFTER EATING Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

DINNER	TIME:	LOCATION:
BEFORE EATING		AFTER EATING
Degree of Hunger		Degree of Hunger
(0-10):		(0-10):
Thoughts!		Thoughts/
feelings/		feelings/
activities:		activities:

SNACK	TIME:	LOCATION:	
Degree of Hunger		AFTER EATH Degree of Hun	
(0-10): Thoughts!		(0-10): Thoughts/	
feelings/ activities:		feelings/ activities:	

Comments:

DAY 3 Date:

Day of the Week: M T W Th F Sa Su

BREAKFAST	TIME:	LOCATION:	
BEFORE EATING			AFTER EATING
Degree of Hunger			Degree of Hunger
(0-10):			(0-10):
Thoughts!			Thoughts/
feelings/			feelings/
activities:			activities:
SNACK	TIME:	LOCATION:	
BEFORE EATING			AFTER EATING
Degree of Hunger			Degree of Hunger
(0-10):			(0-10):
Thoughts!			Thoughts/
feelings/			feelings/
activities:			activities:
LUNCH	TIME:	LOCATION:	
BEFORE EATING			AFTER EATING
Degree of Hunger			Degree of Hunger
(0-10):			(0-10):
Thoughts!			Thoughts/
feelings/			feelings/
activities:			activities:

SNACK	TIME:	LOCATION:	
BEFORE EATING			AFTER EATING Degree of Hunger
Degree of Hunger (0-10):			(0-10):
Thoughts!			Thoughts/
feelings/			feelings/
activities:			activities:
DINNER	TIME:	LOCATION:	
BEFORE EATING		Econifor.	AFTER EATING
Degree of Hunger	1		Degree of Hunger
(0-10):			(0-10):
Thoughts!			Thoughts/
feelings/			feelings/
activities:			activities:
SMACK	TIME.	I OCATION.	
	TIME:	LOCATION:	APTED EATING
	-		Degree of Hunger
(0-10):			(0-10):
Thoughts!			Thoughts/
feelings/			feelings/
activities:			activities:
Thoughts!	TIME:	LOCATION:	(0-10): Thoughts/

Comments: