

Daily Eating Behavior Record

Date: _____

Time of Day	Meal or Snack	Food Eaten	Hunger Scale 1–10		Speed Rating 1–4	Where did you eat?	What else were you doing?	Why did you eat this food? Did a person or event influence you?	Thoughts and feelings
			Before	After					

Servings

Vegetables	Fruits	Meat/Protein	Grains	Dairy	Fats	Water
Goal: _____	Goal: _____	Goal: _____	Goal: _____	Goal: _____	Goal: _____	Goal: _____
Today: _____	Today: _____	Today: _____	Today: _____	Today: _____	Today: _____	Today: _____

1	2	3	4	5	6	7	8	9	10
Starving, irritable	Hungry, ready to eat		Comfortable, neither hungry nor full			Satisfied	Very full, uncomfortable		Stuffed