

Daily Food Record



Name: _____ Date: _____ Day of the Week: _____

| Pre-Hunger Rating | Meal and Time | Food or Beverage (include Amount) | Location and Activity | Mood, Thoughts and Feelings | Post Hunger Rating |
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Hunger Rating Scale: 1 = Extremely Hungry 5 = Comfortable/Satisfied 10 = Uncomfortably Full

Today I accomplished...

- Protein Equivalents
- (7 gms. Each)
- Nonstarchy Veggies
- Fruit
- Milk/Yogurt
- Whole Grains (1 oz. each)
- or 1/2 cup moist
- H2O or equivalent (8 oz.)

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