

Phase V: Regular Diet



Phase V: Regular Diet Daily Food Record

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

Pre-Meal Hunger Rating	Meal and Time	Food or Beverage (include Amount)	Location and Activity	Mood, Thoughts and Feelings	Post-Meal Hunger Rating
	Breakfast Start: End:				
	Snack Start: End:				
	Lunch Start: End:				
	Snack Start: End:				
	Dinner Start: End:				
	Snack Start: End:				

Hunger Rating Scale: 1 = Extremely Hungry 5 = Comfortable/Satisfied 10 = Uncomfortably Full

Today I accomplished...

Comments or Questions?