Name: _____

Date: _____

Day: _____

Food Journal

Hunger Scale 0=Starved
10=Overly Full

Time	Food and Beverage/Quantity	Previous Activity	Hunger Scale	Mood, thoughts and/or feelings	Binge?	Purge?	Comments
			__10 __9 __8 __7 __6 __5 __4 __3 __2 __1 __0				
			__10 __9 __8 __7 __6 __5 __4 __3 __2 __1 __0				
			__10 __9 __8 __7 __6 __5 __4 __3 __2 __1 __0				
			__10 __9 __8 __7 __6 __5 __4 __3 __2 __1 __0				
			__10 __9 __8 __7 __6 __5 __4 __3 __2 __1 __0				
			__10 __9 __8 __7 __6 __5 __4 __3 __2 __1 __0				
			__10 __9 __8 __7 __6 __5 __4 __3 __2 __1 __0				
			__10 __9 __8 __7 __6 __5 __4 __3 __2 __1 __0				