Name _____ Today's Date _____ Weight _____ Height _____ Age ___ M or F __ Notes _____

Reminders:

- **If you make a recipe, please write down the recipe on the back and indicate in the "amount" column the fraction of the recipe you consumed.**
- **Please indicate your meal as breakfast, lunch, dinner, brunch, or snack. It does not matter which meals you consume, or how many of each.**
- **Please be precise about amounts. Weights are better than volumes. Include label information such as brand, serving size, etc. when possible.**
- **The "feelings" area is optional, but it often helps people pinpoint problems with emotional eating. The hunger scale is measured as 1 being not hungry at all, to 10 being extremely hungry.**

Time	Meal	Precise Amount	Detailed Food Description (break down mixed meals into parts when appropriate)	Feelings and/or hunger scale (1-10)