

Food & Beverage Journal

TIME	LOCATION	WITH WHOM	ACTIVITY	MOOD	HUNGER	AMOUNT	FOOD/BEVERAGE	CALORIES	FULLNESS
(Start and End time of meal or snack)	(Kitchen, living room, bedroom, car, work, etc)	(Alone, with family, friends, colleagues, etc)	(Reading, watching TV, talking, cooking)	(Neutral, happy, tense, bored, rushed, tired, etc)	(1-5 scale; 1 = starving, 5 = satisfied)				(6-10 scale; 6 = p leasantly full, 10 = so full you feel sick

Date: _____