

Day 1

Name _____

FOOD DIARY

Time of Day	Minutes Spent Eating	M/S	H	Body Position	Activity While Eating	Location of Eating	Food Type and Quantity	Eating With Whom	Feeling While Eating
eg. 8:15 a.m.	5 min.	S	0	2	talking	school hall	6 crackers soft drink (12 oz.)	friends	tired

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M/S: Meal or Snack

H: Degree of Hunger (0=none, 3=maximum)

Body Position: 1=walking, 2=standing, 3=sitting, 4=lying down

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