EATING AWARENESS
diary

KINDFood
Katie Ireland Nutrition
Dietetics Food

DATE _____

DAY M T W T F S S

TIME	HUNGER/FULLNESS (1-10)	WHERE AM I EATING? WHO AM I EATING WITH?	TYPE AND AMOUNT OF FOOD. HOW QUICKLY DID I EAT - SLOW/MEDIUM/FAST?	HUNGER/FULLNESS (1-10)	FRUIT	GRAIN FOODS	VEGETABLES	DAIRY OR SUBSTITUTE	MEAT, FISH OR SUBSTITUTE	DISCRETIONARY/EXTRA FOODS	WATER