

DIET RECORD

One-week food, timing, and hunger awareness log

Name _____	Week of _____	Practitioner _____	Goal / focus _____
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Include: time of meal, hunger level 1-10, foods and beverages, and any symptoms or notes.

DAY	BREAKFAST	SNACK	LUNCH	SNACK	DINNER	EVENING SNACK
MONDAY	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:
TUESDAY	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:
WEDNESDAY	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:
THURSDAY	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:
FRIDAY	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:
SATURDAY	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:
SUNDAY	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes:	Time: ____ Hunger: __/10 Food / drink: Notes: