

### 3 DAY FOOD LOG

You have three copies of this form for 3 days of recording your food intake.

Two are to be filled out with everything you eat and drink on *two weekdays*, and one is to be completed with everything you eat and drink *one day during a weekend*.

Please be honest when writing down this information. Stay with your typical eating patterns. The more specific you are about product brands, names of restaurants, type of bread (wheat vs. white, etc.), type of milk (whole vs. skim, etc.) and other items you eat, the better. Every detail, such as portion size (teaspoon, tablespoon, cup, etc.), is important. For those unusual items prepared at home, please attach the recipe.

**DAY 1**

Date:

Day of the Week: M T W Th F **Sa Su**

<b>BREAKFAST</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>SNACK</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>LUNCH</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

SNACK		TIME:	LOCATION:
BEFORE EATING			AFTER EATING
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>DINNER</b>		TIME:	LOCATION:
BEFORE EATING			AFTER EATING
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

SNACK		TIME:	LOCATION:
BEFORE EATING			AFTER EATING
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

Comments:

DAY 2

Date:

Day of the Week: M T W Th F Sa Su

<b>BREAKFAST</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>SNACK</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>LUNCH</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>SNACK</b>		<b>TIME:</b>	<b>LOCATION:</b>
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>DINNER</b>		<b>TIME:</b>	<b>LOCATION:</b>
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>SNACK</b>		<b>TIME:</b>	<b>LOCATION:</b>
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

Comments:

DAY 3

Date:

Day of the Week: M T W Th F Sa Su

<b>BREAKFAST</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>SNACK</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>LUNCH</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>SNACK</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>DINNER</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

<b>SNACK</b>		TIME:	LOCATION:
<b>BEFORE EATING</b>			<b>AFTER EATING</b>
Degree of Hunger (0-10):			Degree of Hunger (0-10):
Thoughts! feelings/ activities:			Thoughts/ feelings/ activities:

Comments:

*Thank You.*