

Day/Date:				Notes:	Mark (*) if you engaged in behavior. Rate (low 1 – 5 high) if you had an urge but did not engage in behavior.							
TIME	PLAN	MEALS	ACTUAL INTAKE	Food Intake – Description of food and quantity. Hunger Scale – Graph hunger level from start to end of the meal	Fluid/Type (oz.)	BINGE	PURGE	RESTRICT	EXERCISE	OTHER	EMOTION	SKILLS USED (OVER)
	BREAKFAST											
		Grain										
		Dairy										
		Protein										
		Fruit										
		Vegetable										
		Fat										
	LUNCH											
		Grain										
		Dairy										
		Protein										
		Fruit										
		Vegetable										
		Fat										
	SNACK											
		Grain										
		Dairy										
		Protein										
		Fruit										
		Vegetable										
		Fat										
	DINNER											
		Grain										
		Dairy										
		Protein										
		Fruit										
		Vegetable										
		Fat										