

Date _____

Food & Beverage Diary

Time (Start and End time of meal or snack)	Location (kitchen, living room, bedroom, car, work, etc.)	With Whom (alone, with family, friends, colleagues, etc.)	Activity (reading, watching, tv, talking, cooking)	Mood (neutral, happy, tense, bored, rushed, tired, etc.)	Hunger (1-5 scale; 1=starving, 5=satisfied)	Amount	Food / Beverage	Calories	Fullness (6-10 scale; 6=pleasantly full, 10=so full you feel sick)

Adapted from "The Harvard Medical School 6-Week Plan for Healthy Eating"