

Daily Food & Activity Log

Day/Date:

Meal	Time	All Foods/Beverages Consumed	Hunger Rating on Scale of 1 - 10 (1 = starving; 10 = not hungry)	Feelings Associated with Eating
Breakfast				
Mid-Morning Snack				
Lunch				
Mid-Day Snack				
Dinner				
Night Snack				

Physical Activity	Time	Type/Length of Activity
<i>Please list ALL activities (i.e., walking, weight training, treadmill, elliptical, etc..)</i>		