NAME: ____________________________________

DATE: ______________ DAY: M T W Th F Sa Su

CEP FOOD JOURNAL II

TODAY'S GOAL:
1. Chosen Eating Place
2. No Other Activity
3. ____________________________________

TIME	FOOD AND QUANTITY	DP	B/MP	F/V	G	O	HUNGER SCALE 0 1 2 3 4 5 6 7 8 9 10	YES/NO CEP	YES/NO NOA	YES/NO 3	MOOD, THOUGHTS, FEELINGS
							0 1 2 3 4 5 6 7 8 9 10				
							0 1 2 3 4 5 6 7 8 9 10				
							0 1 2 3 4 5 6 7 8 9 10				
							0 1 2 3 4 5 6 7 8 9 10				
							0 1 2 3 4 5 6 7 8 9 10				
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							0 1 2 3 4 5 6 7 8 9 10				
							0 1 2 3 4 5 6 7 8 9 10				
							0 1 2 3 4 5 6 7 8 9 10				
	TOTALS										
	RECOMMENDED										

DP = Dairy Protein
B/MP = Bean / Meat Protein
F/V = Fruit / Vegetable
G = Grain
O = Others

0 = Empty
5 = Neutral
10 = Stuffed

Graph hunger level from start to end of meal

EXERCISE:

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