

Date:	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time of meal/snack						
Hunger level (0-10)						
Physical or emotional hunger?						
Why I am eating (AKA, what am I feeling)?						
What did I want? What did I actually eat						
Where did I eat?						
Who was I with?						
Any activity while eating?						
How long did it last?						
How did I feel about the meal/snack after I was done						

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