

starved
very hungry
hungry
slightly hungry
HUNGER SCALE
balanced
slightly full
full
very full
stuffed

0 1 2 3 4 5 6 7 8 9 10

S M T W TH F S

SELF-MONITORING DIARY

Name: _____

Date: _____

Food or Drink (Description, Amount)	Time	Hunger	Where	With Whom Doing What	Feelings/Mood	Fullness	Physical