Name:_____
Date:_____
Calorie Goal:_____

Daily Food Diary

Time	Food(s) Eaten	Quantity	Calories	Calorie Balance	Hunger Rating *Prior to* Eating	Hunger Rating *After* Eating

Hunger Rating Scale	
10 -	Stuffed to the point of feeling sick.
9 -	Uncomfortably full
8 -	Stuffed.
7 -	Very full.
6 -	Comfortably full, satisfied.
5 -	Comfortable, neither hungry nor full.
4 -	Beginning signals of hunger.
3 -	Hungry, ready to eat.
2 -	Very hungry, unable to concentrate.
1 -	Starving, dizzy, irritable.

Water	
Glass 1	
Glass 2	
Glass 3	
Glass 4	
Glass 5	
Glass 6	
Glass 7	
Glass 8	

1 glass = 8 oz

Exchanges										
Breads and Cereals										
Milk										
Fruits										
Vegetables										
Meat & Meat Substitutes										
Fats										

NOTES

PEAK
NUTRITION & WEIGHT LOSS CLINIC