

Food Record

Day	Time	Location	Food/Drink	Amount	Hunger	Mood

Hunger/Fullness Key: 1 = Starving, weak, lightheaded, dizzy 5 = Neutral – not hungry or full 10 = Uncomfortably full or “sick”

Mood Examples: Happy, Content, Bored, Depressed, Neutral, Tired, Anxious, Angry, Sad, Lonely, Stressed, Worried

Use this sheet to record what, how much, where, and when you eat and drink each day. When you do this also stop to think about how hungry you are before you eat or drink and what kind of mood you are in at the time. This helps you to find out if you are eating because you are truly hungry. Share this food record with your *MOVE!* healthcare team.

N14 Version 3.0

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