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											YES/NO			MOOD, THOUGHTS, FEELINGS
							0	1	2	3	4	5	6	7	8	9	10	CEP	NOA	3	
							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				
							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				
							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				
							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				
	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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