

# Daily Behavior Record

**Day**      Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

## Daily physical activity:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack
Time						
Meal or Snack?						
What did you eat or drink?						
Amount						
Hunger Rating (1-3)						
Time it took to eat						
Describe the situation (what you were doing)						
How were you feeling?						
What did you learn about why you eat?						

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