

NAME: _____

Hunger Scale Journal III

Goal / Affirmation: _____

DATE: _____ DAY: M T W Th F Sa Su

Time	Food and Quantity	DP	B/MP	F/V	G	O	HUNGER SCALE											Thoughts, Feelings, Concerns, Questions					
							0	1	2	3	4	5	6	7	8	9	10						

DP = Dairy Protein
 B/MP = Bean/Meat Protein
 F/V = Fruit/Vegetable
 G = Grain/Starch
 O = Other (fats, desserts)

TOTALS
RECOMMENDED

0 = Empty
 5 = Neutral
 10 = Stuffed

Exercise