

DIARY CARD		Name: _____ Date: _____										Mark (*) if you engaged in behavior. Rate (0-5) if you had an urge but did not engage in behavior.												
TIME OF DAY	PLAN	MEALS	ACTUAL	Food Intake – Include approximate quantity and description of food Hunger Scale – Graph hunger level from start to end of meal										Location	Fluid Intake (cups/ozs.)	Binge	Purge	Restrict	Exercise	S/SH	Alco/Drugs	Body Diss.	Emotions Today	Rating (0-5)
		BREAKFAST		empty	2	3	4	neutral	6	7	8	9	stuffed											
		Protein																						
		Vegetable																						
		Grain																						
		Lipid N.																						
		Fruit																						
		Dairy																						
		SNACK		empty	2	3	4	neutral	6	7	8	9	stuffed											
		Protein																						
		Vegetable																						
		Grain																						
		Lipid N.																						
		Fruit																						
		Dairy																						
		LUNCH		empty	2	3	4	neutral	6	7	8	9	stuffed											
		Protein																						
		Vegetable																						
		Grain																						
		Lipid N.																						
		Fruit																						
		Dairy																						
		SNACK		empty	2	3	4	neutral	6	7	8	9	stuffed											
		Protein																						
		Vegetable																						
		Grain																						
		Lipid N.																						
		Fruit																						
		Dairy																						
		DINNER		empty	2	3	4	neutral	6	7	8	9	stuffed											
		Protein																						
		Vegetable																						
		Grain																						
		Lipid N.																						
		Fruit																						
		Dairy																						
		SNACK		empty	2	3	4	neutral	6	7	8	9	stuffed											
		Protein																						
		Vegetable																						
		Grain																						
		Lipid N.																						
		Fruit																						
		Dairy																						
		VITAMINS		yes _____ no _____																				
																					Pain/Misery _____ Anxiety/Fear _____ Sadness _____ Shame _____ Anger _____ Joy _____			
																					Urge to quit tx/recovery _____			
																					Lying/Withholding _____			
																					Protocols Bradycardia Y N Tachycardia Y N Orthostasis Y N			