## **Food Journal**

Name: Date:		Page Number:		Sheri K. Mar, MS, CN Nutrition Counseling & Services P.O. Box 17468, Seattle, WA 98127-1168 Phone/FAX: (206) 789-6440 email: info@eatwellbefit.com	
Time (am/pm)	Degree of Hunger	Amount Consumed	Food / Beverage Consumed (Please be specific)	Situation (Place, Activity)	Comments (Emotions, Physical Symptoms)