

FOOD REPORT

Report No: _____ **Day:** _____ **Date:** _____ **Time:** _____

Location: _____ Was it a scheduled meal? Yes / No

What did you consume? _____

How much did you consume? _____

Did you overeat? Yes / No Did you decide to eat because you felt hungry? Yes / No

How long did you have the urge to eat before doing so? _____

Where were you when you made the decision to eat? _____

What were your thoughts/self-talk just before eating? _____

What were you doing just before you made the decision to eat? _____

What did you do in the hour before you made the decision to eat? _____

What were you thinking about just before you made the decision to eat? _____

Was there anything in particular you were thinking about in the hour before you made the decision to eat?

What was your emotional state just before you made the decision to eat? (Eg. happy, sad, bored, overwhelmed, depressed, stressed, angry, calm, lonely, disappointed, heartbroken)

What notable events occurred in the hour before you made the decision to eat? (Eg. argument – note with whom, conversation – note with whom, annoyed by kids, received good or bad news)

Could you smell the food before you made the decision to eat? Yes / No

Could you see the food before you made the decision to eat? Yes / No

Was the food offered to you? (Note by whom) Yes / No _____

What was your main trigger? _____

How did you feel after you ate? _____

What did you say to yourself after you ate? _____

Notes: _____