

Name _____

Date _____

Self-Monitoring Log
Obesity Consult Center
750 Washington Street
NEMC #900
Boston, MA 02111

Type of Exercise	Duration

Degree of Hunger
0 = Not at all hungry
1 = Slightly hungry
2 = Somewhat hungry
3 = Very hungry

Time	Type/Amount of Food Eaten	Time Spent Eating	Location Consumed	Degree of Hunger	Situation Associated with Eating (Thoughts and Feelings)