



How Are You Eating Now?

Fill in the following to describe your current eating patterns. If you don't usually have a certain meal or snack, leave the time blank. Don't forget to write in the time you wake up and the time you go to bed.

Wake Time: _____

Breakfast Time: _____

Snack Time: _____

Lunch Time: _____

Snack Time: _____

Dinner Time: _____

Snack Time: _____

Bed Time: _____