

Figure 3. Daily Monitoring Form

Date: \_\_\_\_\_

Day of Week: M T W H F Sat Sun

Time	Meal Type	Meal Size	How hungry were you <i>before</i> you started eating?	Rate level of fullness when you <i>stopped</i> eating.
Time of meal or snack e.g., 7am	Enter: (M) meal  (S) snack	Enter: (S) small (M) medium (L) large (X) x-tra	Enter: (NH) not hungry (H) hungry (VH) very hungry	Enter: (NF) not full (F) full (TF) too full or stuffed – kept eating when full
<b>Daily Summary</b>	Total M = _____ S = _____	Total L and X (enter 0 if none) L + X = _____		Total TF (enter 0 if none) TF = _____

**Circle each time you have a can (or more) of soda:**



**GO GREEN! Circle number of GREEN servings today.**  
(GOAL = about 6 servings each day or 40 per week)



**RED. Circle RED servings today.**  
(GOAL = less than 2 servings each day or 15 per week):

