Debbie Pepper-Dougherty, RD, LD, DPD Nutrition Consultants, Inc.
(207) 781- 4922 Fax 781- 4925 www.dpepperd.com

Name: _____
Date: _____

Eating Assessment Form

Date	Time	Food/Beverage	Amount	Sense of well-being	Hunger level?	Where were you?

Sense of Well-Being: 1 - Poor; 2 - OK; 3 - Average; 4 - Good; 5 - Excellent
Hunger/Fullness Scale: 0-10; 0 – Empty, 5 – Neutral, 10 – Absolutely Stuffed