



Home Eating Profile: Good/Bad Day

Counseling & Psychotherapy 818 NW 17th Avenue, Portland, Oregon 97209 Phone: 503-221-4531 • Fax: 503-263-6278 www.AllianceCounselingCenter.org

Name:	Date:			
/aking Time:	Bed Time:			
Good Day				
lease record the foods	eaten on a typical "C	GOOD" day prior to enter	ring the program. Pleas	e fill out accurately
nd with as much detail	as possible. Bring th	is completed form with	you to your next appoir	ntment.
Beginning Time	Place	Food Item	Quantity	Ending Time
			·	
Bad Day				
	• •	AD" day prior to enterin		•
ith as much detail as p	possible. Bring this co	ompleted form with you	to your next appointme	nt.
Beginning Time	Place	Food Item	Quantity	Ending Time