Center for Anxiety Relief and Education

Date _____

(Ver 1.0)

Time	Meal	Feel	Thoughts	Act	Subsequent Feelings	Subsequent Thoughts	Subsequent Actions
7:30 AM	Cereal and banana	Hungry	What if I choke?	Skip meal	Anxious	I'll probably be starving at work	Ate cereal only

Meal Monitor (Ver 1.0)

Meal: Breakfast, Lunch, Snack, Dinner - ALSO LIST THE ACTUAL FOODS/SNACKS CONSUMED
Feel: Include physical and emotional is applicable. Anxious, Hungry, Not hungry, Fine
Thoughts: Include rationales, fears - What if I...
Act: State what you actually did e.g. Eat, Skip meal
Subsequent Feelings: regret, happy, still hungry, stuffed, angry, relief, sad, nausea, surprised, fine (Based on initial Act)
Subsequent Actions: Damage control (Based on initial Act)

Note: These are only examples. You may enter your own descriptions