A Better Way Counseling Center (503) 226-9061

HOME EATING PROFILE: "Bad Day"

Name:	Date:
1	eaten on a typical " BAD " day prior to entering the program much detail as possible. Bring completed form with you to
Waking Time:	Bed Time:

Beginning Time	Place	Item	Quantity	Ending Time

HOME EATING PROFILE: "Good Day"

Name:	Date:
program. Please fill out accurately a	ds eaten on a typical "GOOD" day prior to entering the and with as much detail as possible. Bring completed form but to your initial appointment.
Waking Time:	Bed Time:

Beginning Time	Place	Item	Quantity	Ending Time