Food Journal

Name: _____
Date: _____ M T W Th F Sa Su

Today's Intention and/or Eating Activity:
_____
_____

Time	Food and Quantity	Hunger and Satiety Scale	Check In: What's Going On? How are you feeling? Any body feedback, body bashing, or food rules you notice? If so, take some time to decode.
		0 1 2 3 4 5 6 7 8 9 10	
	G P Fr V D Fa O		
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G= Grain, P=Meat or Eq, Fr=Fruit, V=Veg,
D=High Calcium Food, Fa=Fat Serving, O=Others

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Check in at the beginning of wanting to eat. Graph hunger from beginning to end of the meal. Remember, "0" is most hungry, "10" is stuffed. You can check in as much as you need while eating.

Joyful Movement and Self Care: