

My Food Journal

Date: _____ M T W Th F Sa Su


Breakfast		Time:	Location:
<i>Food</i>	<i>Amount</i>	<i>Hunger Level</i>	<i>Feeling after</i>

Lunch		Time:	Location:
<i>Food</i>	<i>Amount</i>	<i>Hunger Level</i>	<i>Feeling after</i>

Dinner		Time:	Location:
<i>Food</i>	<i>Amount</i>	<i>Hunger Level</i>	<i>Feeling after</i>

Snack 1		Time:	Location:
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Snack 2		Time:	Location:
<i>Food</i>	<i>Amount</i>	<i>Hunger Level</i>	<i>Feeling after</i>

Daily Exercise		Time:	Location:
<i>Thoughts about today:</i>			
<i>Glasses of water:</i>			

Hunger Level

Starving!	My stomach feels empty	I feel just right – not too hungry or too full	I'm feeling too full	I ate way too much! I don't feel so well...
1	2	3	4	5

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