










FOOD JOURNAL SAMPLE










|  FOOD |  AMOUNT |  TIME |  HUNGER 1-10 |  PLACE |  WITH WHO? |  MINDFUL? |  MOOD |  PLANNED? |
|--|--|--|---|---|---|--|--|--|
| EGGS TOAST BACON | 2 1 PIECE 2 PIECES | 8AM | 1 | KITCHEN TABLE | W/ KIDS | YES | EXCITED | YES |
| APPLE SLICES | 1/2 CUP | 4PM | 2 | KITCHEN | ALONE | NO | ANXIOUS | NO |
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Helpful hints: Hunger scale rating: 1: not at all – 10: very hungry. Planned: Was what you ate part of your plan or something triggered by your environment?



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Fill in the circle in each box that best describes you.

I do OK here. I could use improvement.



I'm eating well at least 80% of the time.



Other people do not influence my eating habits.



I eat about the right amount.



I eat mindfully, without distractions.



I eat on a fairly structured schedule.



Moods are not affecting my eating.



I eat when I'm hungry.



I eat mainly what I've planned for the day.



I'm usually eating while sitting down at the table.



I'm not triggered to eat by my environment.

ACTION STEPS

Based on what you've learned, write down 2-3 specific action steps you plan to take.