










# 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



**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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# DIARY REVIEW

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.