

# DIET JOURNAL

Name \_\_\_\_\_

Date \_\_\_\_\_

LIST ALL FOODS, SNACKS, AND DRINKS THAT YOU CONSUME FOR TODAY:

AM Breakfast \_\_\_\_\_

\_\_\_\_\_

Drink \_\_\_\_\_

Snack/Drink \_\_\_\_\_

NOON Lunch \_\_\_\_\_

\_\_\_\_\_

Drink \_\_\_\_\_

Snack/Drink \_\_\_\_\_

Dinner \_\_\_\_\_

\_\_\_\_\_

Drink \_\_\_\_\_

BED Snack/Drink \_\_\_\_\_

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BEFORE, DURING, AND AFTER YOUR MEALS, NOTICE YOUR THOUGHTS AND FEELINGS.

Breakfast: Did you eat until you were satisfied, full, or stuffed (Circle one) Or were you still hungry?

Why did you eat what you did? \_\_\_\_\_

Are you feeling good, bad or neutral (Circle) How would you describe the feeling/emotion? \_\_\_\_\_

What are you thinking about? \_\_\_\_\_

Lunch: Did you eat until you were satisfied, full, or stuffed (Circle one) Or were you still hungry?

Why did you eat what you did? \_\_\_\_\_

Are you feeling good, bad or neutral (Circle) How would you describe the feeling/emotion? \_\_\_\_\_

What are you thinking about? \_\_\_\_\_

Dinner: Did you eat until you were satisfied, full, or stuffed (Circle one) Or were you still hungry?

Why did you eat what you did? \_\_\_\_\_

Are you feeling good, bad or neutral (Circle) How would you describe the feeling/emotion? \_\_\_\_\_

What are you thinking about? \_\_\_\_\_

The day is ending, What are your dominant thoughts and feelings: \_\_\_\_\_

Do you feel good, bad or neutral (Circle) How would you describe the feeling/emotion? \_\_\_\_\_