

Healthy Eating Journal

Date: _____

Day: M T W TH F SA SU

Time	Hunger Rating	Food/Beverage	Thoughts & Feelings
<i>When did you eat?</i>	<i>Rate your hunger on a scale of 1 to 5 prior to eating 1 = not hungry 5 = starving</i>	<i>What did you eat?</i>	<i>How did you feel before, during, and after eating?</i>
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		
	1 2 3 4 5		

Daily Reflection:

Were there any events or situations today that provoked food cravings? What cravings were they? Did you ever eat anything out of habit? or because you were feeling (i.e. happy, stressed, bored)? Were there any foods that you enjoyed eating? What were they? Did you try any new foods today? or any you'd like to try?
