

DATE\_\_\_\_\_

M. T. W. T. F. S. S

TIME	HUNGER RATING		FOOD	PLACE	MOOD
When Did you eat?	Rate your hunger 1-10 1-starving      10-full		What did you eat and drink	Where did you eat? Were you alone? Distracted?	How did you feel? Before, during & after?
	Before	After			

Water ml\_\_\_\_\_

Vitamins      Y      N



Tips:



- \* Do not watch tv or read, stay connected to your meal.
- \* Take note of your emotions, and how hungry you are.
  - \* Take a mindful minute before eating.
  - \* Portion food and don't have seconds.
  - \* Put cutlery down between bites.



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