

# FOOD JOURNAL



## Food and Emotions Journal

Name: \_\_\_\_\_

Date: \_\_\_\_\_

TIME	HUNGER RATING	PLACE	FOOD EATEN	MOOD/REFLECTION
When did you eat?	Rate your hunger on a scale of 1-10, with 1- starving, 10- very full	Where did you eat? Were there any distractions? Who did you eat with?	What did you eat or drink at each meal? And how much?	How did you feel, before, during, and after eating?