

Mindful Eating Journal

Date _____ Today's intention or affirmation _____

Time	What I ate/drank	What I ate/drank (1-10) before and after eating	Doing	Thinking	Feeling

Movement/Physical Activity: _____ **Hours of sleep:** _____

Hunger Scale:

1 = Starving, dizzy, lightheaded

2 = Irritable, little energy and very hungry

3 = Strong urge to eat, empty feeling in the stomach

4 = Starting to think about food, a little hungry

5 = Just starting to feel satisfied; your body has enough fuel

6 = Fully at the point of satisfaction

7 = You might be able to find room for a few more bites, but don't really need more food as fuel

8 = Starting to feel discomfort from overeating

9 = The feeling of "too much food" in the body feels really uncomfortable

10 = BEYOND FULL – physically miserable