Mindful Eating Journal

Date ________________  Today's intention or affirmation ____________________________________________________________

<table>
<thead>
<tr>
<th>Time</th>
<th>What I ate/drank</th>
<th>What I ate/drank (1-10) before and after eating</th>
<th>Doing</th>
<th>Thinking</th>
<th>Feeling</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

REV. 05. 2024