Food Journal

NAME: _____

DATE: _____

DAY: M T W Th F Sa Su

TODAY'S GOAL AND/OR AFFIRMATION:

_____

_____

TIME	FOOD AND QUANTITY	DP	B/MP	F/V	G	O	HUNGER SCALE 0 1 2 3 4 5 6 7 8 9 10	MOOD, THOUGHTS AND/OR FEELINGS
	TOTALS							
	RECOMMENDED							

DP = Dairy Protein
B/MP = Bean / Meat Protein
F/V = Fruit / Vegetable
G = Grain
O = Others

0 = Empty
5 = Neutral
10 = Stuffed

Graph hunger level from start to end of meal

EXERCISE:

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