

# Mindful Eating Journal

Date: \_\_\_\_\_ Today's intention or affirmation: \_\_\_\_\_

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

Movement/Physical Activity: \_\_\_\_\_ Hours of Sleep: \_\_\_\_\_

## Hunger Scale:

- 1 = STARVING; dizzy; shaky; headache
- 2 = very hungry; irritable; little energy; can't focus
- 3 = strong urge to eat; hunger pangs; feel empty
- 4 = starting to think about food; just a little hungry
- 5 = neutral; not hungry or full

- 6 = starting to feel satisfied; you can sense food in your stomach
- 7 = feeling comfortably full; no reason to keep eating
- 8 = starting to feel too full; stomach is stretched
- 9 = really uncomfortable from overeating
- 10 = PAINFULLY FULL; feeling sick; physically miserable; nauseous