

Mindful Eating Journal

Date: _____ **Today's intention or affirmation:** _____

<i>TIME</i>	<i>What I ate/drank</i>	<i>Hunger Scale (1-10) Before/After Eating</i>	<i>Doing</i>	<i>Thinking</i>	<i>Feeling</i>

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

Hunger Scale

- | | |
|---|---|
| 1=Starving, dizzy, lightheaded | 6= Fully at the point of satisfaction |
| 2= Irritable, little energy and very hungry | 7= You might be able to find room for a few more bites, but don't really need more food as fuel |
| 3= Strong urge to eat, empty feeling in the stomach | 8= Starting to feel discomfort from overeating |
| 4= Starting to think about food, a little hungry | 9= The feeling of "too much food" in the body feels really uncomfortable |
| 5= Just starting to feel satisfied; your body has enough fuel | 10= BEYOND FULL – physically miserable |