FIND YOUR TRIGGERS FOR OVEREATING

FOOD & LIFESTYLE JOURNAL

Date: _____ Name:_____

FOOD JOURNAL

Breakfast		**Time**		**Location**	
Before Eating		Foods & Liquids	Portions	After Eating	
Degree of hunger (0-10)	Thoughts, Feelings, Activities			Degree of hunger (0-10)	Thoughts, Feelings, Activities

Snack 1		**Time**		**Location**	
Before Eating		Foods & Liquids	Portions	After Eating	
Degree of hunger (0-10)	Thoughts, Feelings, Activities			Degree of hunger (0-10)	Thoughts, Feelings, Activities

Lunch		**Time**		**Location**	
Before Eating		Foods & Liquids	Portions	After Eating	
Degree of hunger (0-10)	Thoughts, Feelings, Activities			Degree of hunger (0-10)	Thoughts, Feelings, Activities

Snack 2		**Time**		**Location**	
Before Eating		Foods & Liquids	Portions	After Eating	
Degree of hunger (0-10)	Thoughts, Feelings, Activities			Degree of hunger (0-10)	Thoughts, Feelings, Activities

Dinner		**Time**		**Location**	
Before Eating		Foods & Liquids	Portions	After Eating	
Degree of hunger (0-10)	Thoughts, Feelings, Activities			Degree of hunger (0-10)	Thoughts, Feelings, Activities

LIFESTYLE JOURNAL

Sleep/Relaxation	Movement	Stress	Relationships
Quantity in hours	Type of movement	Stress Level (1-10):	
Quality of Sleep ____Poor ____ Average ____ Great	Strength training ____ Aerobic ____ Flexibility ____	Source(s) of Stress: Reduction Practice(s):	

Emotional and Mental triggers for overeating: _____

_____

Which day of my period:_____

Notes:

_____

_____

_____

_____

HUNGER SCALE

1	I'm starving, I'm feeling weak and dizzy
2	Hangry, extremely hungry, irritable, lots of stomach growling
3	Pretty hungry, occasional stomach growling
4	Mildly hungry, could eat now
5	Satiated, neither hungry nor full
6	Mildly full without discomfort
7	Quite full with mild discomfort
8	Stuffed enough for more discomfort
9	Definitely ate too much, feeling tired, bloated, really uncomfortable
10	I´m never eating again, feeling sick

NOTES