

Food, Mood, & Movement Journal

<u>When?</u> Time	<u>What & How Much?</u> Food / Beverage Portion Size	<u>Where?</u> Home/Work / Car / Take Out / Dining Out..	<u>Why?</u> Associated Triggers: Emotions, Activities, Events affecting eating	<u>How Hungry?</u> 0 = not hungry 4 =starving
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				
Other				

Exercise / Activities: Walk during lunch, Yard work, Light jog, Elliptical machine, etc
Please note duration of time spent doing the activity:

<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	