



Food/Feelings Journal

DATE: _____

Morning thoughts, feelings, intentions: _____

Breakfast: _____

Time: _____ How did you feel after: _____

Snack: _____

Time: _____ How did you feel after: _____

Lunch: _____

Time: _____ How did you feel after: _____

Snack : _____

Time: _____ How did you feel after: _____

Dinner: _____

Time: _____ How did you feel after: _____

Snack : _____

Time: _____ How did you feel after: _____

How I felt overall today:

Mood: _____ Digestion: _____

S: _____

