

## How to Keep a Food Journal

Your food journal will help recognize patterns and habits in your daily eating routine, and will also provide a way to evaluate the nutritional value of the foods you eat.

Here is what you need to do. In a small notebook or notepad, or anything that you can easily keep handy, write down everything you eat, *as you eat it*. (Don't rely on memory.) A copy of a sample journal sheet is provided for each day of the week. You may prefer to fold it up and keep it with you.

### Now, here is what you need to write down for each day:

The day of the week

The food

The amount or size (be specific) of the food\*

The time and place you ate it

How you felt physically

Personal observations

At the end of the day, review your diary and write down your reactions to it. For example, was this a typical day? Worse than normal? Did you feel that you ate less because you were recording what you ate? What circumstances contributed to how much or little or the kinds of food you ate?

This is an example of what record.

FOOD	AMOUNT	TIME/PLACE	SENSORY	EMOTIONAL
Frosted Flakes	2 fists	6:45am; kitchen counter	Not very hungry; tired	Rushed; overslept
M&Ms	Fistful	10:15am; officemate's cubicle	Starving	Didn't really *need* to eat them; must be PMS

Do the same for each food at a meal, as well as what you drink. Feel free to just fill in the time, sensory, and emotional columns once per meal unless circumstances (going back for seconds of some items) warrant a separate entry.

Date:

<b>FOOD</b> List brand and preparation method (baked, fried, etc) as needed.	<b>AMOUNT</b> List portion size, cups, or as specific a measurement possible	<b>TIME/PLACE</b>	<b>SENSORY</b>	<b>EMOTIONAL</b>
			<input type="checkbox"/> Not hungry <input type="checkbox"/> Hungry <input type="checkbox"/> Starved <input type="checkbox"/> Tired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy/Excited <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Stressed <input type="checkbox"/> Hormonal <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Not hungry <input type="checkbox"/> Hungry <input type="checkbox"/> Starved <input type="checkbox"/> Tired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy/Excited <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Stressed <input type="checkbox"/> Hormonal <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Not hungry <input type="checkbox"/> Hungry <input type="checkbox"/> Starved <input type="checkbox"/> Tired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy/Excited <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Stressed <input type="checkbox"/> Hormonal <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Not hungry <input type="checkbox"/> Hungry <input type="checkbox"/> Starved <input type="checkbox"/> Tired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy/Excited <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Stressed <input type="checkbox"/> Hormonal <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Not hungry <input type="checkbox"/> Hungry <input type="checkbox"/> Starved <input type="checkbox"/> Tired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy/Excited <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Stressed <input type="checkbox"/> Hormonal <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Not hungry <input type="checkbox"/> Hungry <input type="checkbox"/> Starved <input type="checkbox"/> Tired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy/Excited <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Stressed <input type="checkbox"/> Hormonal <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Not hungry <input type="checkbox"/> Hungry <input type="checkbox"/> Starved <input type="checkbox"/> Tired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy/Excited <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Stressed <input type="checkbox"/> Hormonal <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____
			<input type="checkbox"/> Not hungry <input type="checkbox"/> Hungry <input type="checkbox"/> Starved <input type="checkbox"/> Tired <input type="checkbox"/> Other: _____	<input type="checkbox"/> Happy/Excited <input type="checkbox"/> Sad/Depressed <input type="checkbox"/> Stressed <input type="checkbox"/> Hormonal <input type="checkbox"/> Bored <input type="checkbox"/> Other: _____

