Imagine Wellness PATTY ANN FORD					Food Journal				
Day / Date:	**Time:**	**Food:** What did you **want** to eat?	**Food:** What **did** you eat?	**Amount:**	**Location:** (e.g., home, work, with friends, rest)	**Rate your hunger/ fullness:** (1-10)	**Hydration:** What did you drink? How much?	**Emotions While Eating:** (e.g., nervous, angry, depressed)	**Physical Activity:**
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