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: