

FOOD JOURNAL

	MEAL 1	MEAL 2	MEAL 3
DAY/DATE:			
TIME:			
FOOD: WHAT DID YOU <u>WANT</u> TO EAT?			
FOOD: WHAT <u>DID</u> YOU EAT?			
AMOUNT?			
LOCATION?			
RATE YOUR HUNGER/ FULLNESS:			
EMOTIONS WHILE EATING?			
PHYSICAL ACTIVITY			

Are there any fears arise that you would have to confront if you were not distracted by the energy of multitasking while eating?