

DAILY FOOD AND SELF-CARE JOURNAL

This daily food and self-care journal will help you recognize what you eat, as well as when, where and why you eat. It can be used to uncover patterns in your diet, triggers for cravings, and as a means to analyze your diet's nutrient content.

Use this journal to keep track of foods as you eat them; relying on your memory won't cut it. Ideally, keep track of your food intake using your journal for at least three days: two weekdays and one weekend day. This will allow for a more comprehensive look into your dietary patterns.

What you will record each day:

- The date and day of the week.
- Number of glasses of water drank.
- The time and place you ate.
- The foods eaten/beverages consumed- be specific! Write down all ingredients, condiments and brand name, if applicable.
- The amount or size of the food (you don't have to measure exactly, you can use relative terms like "palm-sized" or "about a cup").
- How you felt physically (not very hungry, starving, etc) and emotionally (angry, sad, happy, etc) before and after eating.
- Physical activity for the day.
- Would you consider this to be a normal day for you?
- Do you feel that recording your diet affected what or how much you ate?
- Were there any extenuating circumstances that affected your diet today?
- Any other personal observations or patterns you notice.



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Name: _____ Date: _____ Day: _____

Glasses of Water: 1 2 3 4 5 6 7 8 9 10 11 12+

Breakfast

Time: _____ Place: _____

Food/Beverage:	Amount
_____	_____
_____	_____
_____	_____

Emotional/Physical Response

Before Eating: _____

After Eating: _____

Lunch

Time: _____ Place: _____

Food/Beverage:	Amount
_____	_____
_____	_____
_____	_____

Emotional/Physical Response

Before Eating: _____

After Eating: _____

Dinner

Time: _____ Place: _____

Food/Beverage:	Amount
_____	_____
_____	_____
_____	_____

Emotional/Physical Response

Before Eating: _____

After Eating: _____

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Snacks

Time: _____ Place: _____

Food/Beverage:

Amount

_____	_____
_____	_____
_____	_____
_____	_____

Emotional/Physical Response

Before Eating: _____

After Eating: _____

Physical activity for the day:

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