

FOOD + BODY *Journal*



Healthy — by Marlowe

mariamarlowe.com

FOOD + BODY *Journal*

Following are the instructions for filling in each section of this daily diet log. It may look different compared to other food logs. Instead of focusing solely on calories, we look at the bigger picture, including any situational and emotional eating triggers.

Please fill it in as completely as possible. The more information we have, the better!

Note:

DON'T FEEL COMPELLED TO FILL IN EVERY SNACK BOX. THEY ARE JUST THERE IN CASE YOU DO EAT ONE, BUT DO NOT IMPLY THAT YOU HAVE TO, OR SHOULD.

FOOD/BEV AMOUNT

- Record every single thing you eat, including the afternoon soda, handful of nuts in the break room, and the cookie your co-worker left on your desk.
- Be specific. Write "1/2 cup Yoplait non-fat vanilla & 1 large apple" instead of "yogurt & apple"

EATING ENVIRONMENT

- Where? (at desk, standing at kitchen counter, at romantic restaurant, etc)
- With whom?
- What were you doing while eating? (answering emails, on the phone, reading the paper, nothing, etc.)

EMOTIONS

- Record your emotions before, during, and after each meal. (stressed before a double fudge brownie, relieved and elated while eating it, then guilty afterwards, etc.)

POST MEAL INSIGHTS

- Reflect on your whole meal experience - the who, what, when, where and why - and see if any light bulbs go off. Are you peer pressured into overeating? Do you feel you have to clean the plate?

HUNGER RATING [Rate Before Meal]

- **Ravenous** - You're so hungry you'll eat anything and a lot of eat
- **Hungry** - You have some physical symptoms of hunger like growling tummy or low energy, but you're not ravenous

HUNGER RATING [Rate After Meal]

- **Just Right (JR)** - You feel, but not overly so. You feel satisfied that you can go on with the rest of your day. You have energy, and are not lethargic.
- **Full But Not Satisfied (FBNS)** Your physical symptoms of hunger are gone but you don't feel satisfied and you want something else.
- **Too Full (TF)** - You over did it and you now feel lethargic or like there's a brick in your stomach.
- **Stuffed** - You want to change into elastic -waist plants, lay in bed and wait for the pressure to subside. you may have indigestion or reflux.

DAY 1

Date: _____

WAKE UP

_____ AM/PM

HOURS OF SLEEP

Food + Body *Journal*



TIME	FOODS/ DRINKS CONSUMED & AMOUNT	HUNGER RATING	EMOTIONS	EATING ENVIRONMENT	POST-MEAL INSIGHTS	BOWEL MOVEMENT
_____ AM/PM						Number
_____ AM/PM						Form
_____ AM/PM						Color
_____ AM/PM						Comments
_____ AM/PM						

There is no judgment, and this journal is just for you, so be sure to fill it out in its entirety, so you can better determine what your body needs.

DAY 2

Date: _____

WAKE UP

_____ AM/PM

HOURS OF SLEEP

Food + Body *Journal*



TIME	FOODS/ DRINKS CONSUMED & AMOUNT	HUNGER RATING	EMOTIONS	EATING ENVIRONMENT	POST-MEAL INSIGHTS	BOWEL MOVEMENT
_____ AM/PM						Number
_____ AM/PM						Form
_____ AM/PM						Color
_____ AM/PM						Comments
_____ AM/PM						

There is no judgment, and this journal is just for you, so be sure to fill it out in its entirety, so you can better determine what your body needs.

DAY 3

Date: _____

WAKE UP

_____ AM/PM

HOURS OF SLEEP

Food + Body *Journal*



TIME	FOODS/ DRINKS CONSUMED & AMOUNT	HUNGER RATING	EMOTIONS	EATING ENVIRONMENT	POST-MEAL INSIGHTS	BOWEL MOVEMENT
_____ AM/PM						Number
_____ AM/PM						Form
_____ AM/PM						Color
_____ AM/PM						Comments
_____ AM/PM						

There is no judgment, and this journal is just for you, so be sure to fill it out in its entirety, so you can better determine what your body needs.

DAY 4

Date: _____

WAKE UP

_____ AM/PM

HOURS OF SLEEP

Food + Body *Journal*



TIME	FOODS/ DRINKS CONSUMED & AMOUNT	HUNGER RATING	EMOTIONS	EATING ENVIRONMENT	POST-MEAL INSIGHTS	BOWEL MOVEMENT
_____ AM/PM						Number
_____ AM/PM						Form
_____ AM/PM						Color
_____ AM/PM						Comments
_____ AM/PM						

There is no judgment, and this journal is just for you, so be sure to fill it out in its entirety, so you can better determine what your body needs.

DAY 5

Date: _____

WAKE UP

_____ AM/PM

HOURS OF SLEEP

Food + Body *Journal*



TIME	FOODS/ DRINKS CONSUMED & AMOUNT	HUNGER RATING	EMOTIONS	EATING ENVIRONMENT	POST-MEAL INSIGHTS	BOWEL MOVEMENT
_____ AM/PM						Number
_____ AM/PM						Form
_____ AM/PM						Color
_____ AM/PM						Comments
_____ AM/PM						

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DAY 6

Date: _____

WAKE UP

_____ AM/PM

HOURS OF SLEEP

Food + Body *Journal*



TIME	FOODS/ DRINKS CONSUMED & AMOUNT	HUNGER RATING	EMOTIONS	EATING ENVIRONMENT	POST-MEAL INSIGHTS	BOWEL MOVEMENT
_____ AM/PM						Number
_____ AM/PM						Form
_____ AM/PM						Color
_____ AM/PM						Comments
_____ AM/PM						

There is no judgment, and this journal is just for you, so be sure to fill it out in its entirety, so you can better determine what your body needs.

DAY 7

Date: _____

WAKE UP

_____ AM/PM

HOURS OF SLEEP

Food + Body *Journal*



TIME	FOODS/ DRINKS CONSUMED & AMOUNT	HUNGER RATING	EMOTIONS	EATING ENVIRONMENT	POST-MEAL INSIGHTS	BOWEL MOVEMENT
_____ AM/PM						Number
_____ AM/PM						Form
_____ AM/PM						Color
_____ AM/PM						Comments
_____ AM/PM						

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