

















MINDFUL MEAL *JOURNAL*





DATE: _____ S M T W T F S HOURS OF SLEEP: _____









MEAL 1	TIME:	DURATION:	HUNGER: 1 2 3 4 5 6 7
			   
			I ATE BECAUSE: <input type="checkbox"/> BORED <input type="checkbox"/> CRAVINGS <input type="checkbox"/> HUNGRY <input type="checkbox"/> SOCIAL <input type="checkbox"/> STRESS <input type="checkbox"/>
SYMPTOMS / FEELINGS AFTER MEAL: <input type="checkbox"/> ENERGETIC <input type="checkbox"/> TIRED <input type="checkbox"/> <input type="checkbox"/> FOCUSED <input type="checkbox"/> BRAIN FOG <input type="checkbox"/> <input type="checkbox"/> NAUSEOUS <input type="checkbox"/> BLOATED <input type="checkbox"/>		HOW LONG AFTER MEAL: <input type="checkbox"/> < 30 MIN. <input type="checkbox"/> 2 - 3 HOURS <input type="checkbox"/> < 1 HOUR <input type="checkbox"/> 3 - 4 HOURS <input type="checkbox"/> 1 - 2 HOURS <input type="checkbox"/>	

MEAL 2	TIME:	DURATION:	HUNGER: 1 2 3 4 5 6 7
			   
			I ATE BECAUSE: <input type="checkbox"/> BORED <input type="checkbox"/> CRAVINGS <input type="checkbox"/> HUNGRY <input type="checkbox"/> SOCIAL <input type="checkbox"/> STRESS <input type="checkbox"/>
SYMPTOMS / FEELINGS AFTER MEAL: <input type="checkbox"/> ENERGETIC <input type="checkbox"/> TIRED <input type="checkbox"/> <input type="checkbox"/> FOCUSED <input type="checkbox"/> BRAIN FOG <input type="checkbox"/> <input type="checkbox"/> NAUSEOUS <input type="checkbox"/> BLOATED <input type="checkbox"/>		HOW LONG AFTER MEAL: <input type="checkbox"/> < 30 MIN. <input type="checkbox"/> 2 - 3 HOURS <input type="checkbox"/> < 1 HOUR <input type="checkbox"/> 3 - 4 HOURS <input type="checkbox"/> 1 - 2 HOURS <input type="checkbox"/>	

MEAL 3	TIME:	DURATION:	HUNGER: 1 2 3 4 5 6 7
			   
			I ATE BECAUSE: <input type="checkbox"/> BORED <input type="checkbox"/> CRAVINGS <input type="checkbox"/> HUNGRY <input type="checkbox"/> SOCIAL <input type="checkbox"/> STRESS <input type="checkbox"/>
SYMPTOMS / FEELINGS AFTER MEAL: <input type="checkbox"/> ENERGETIC <input type="checkbox"/> TIRED <input type="checkbox"/> <input type="checkbox"/> FOCUSED <input type="checkbox"/> BRAIN FOG <input type="checkbox"/> <input type="checkbox"/> NAUSEOUS <input type="checkbox"/> BLOATED <input type="checkbox"/>		HOW LONG AFTER MEAL: <input type="checkbox"/> < 30 MIN. <input type="checkbox"/> 2 - 3 HOURS <input type="checkbox"/> < 1 HOUR <input type="checkbox"/> 3 - 4 HOURS <input type="checkbox"/> 1 - 2 HOURS <input type="checkbox"/>	

MEAL 4	TIME:	DURATION:	HUNGER: 1 2 3 4 5 6 7
		   	
I ATE BECAUSE: <input type="checkbox"/> BORED <input type="checkbox"/> CRAVINGS <input type="checkbox"/> HUNGRY <input type="checkbox"/> SOCIAL <input type="checkbox"/> STRESS <input type="checkbox"/>			
SYMPTOMS / FEELINGS AFTER MEAL:		HOW LONG AFTER MEAL:	
<input type="checkbox"/> ENERGETIC <input type="checkbox"/> TIRED <input type="checkbox"/>		<input type="checkbox"/> < 30 MIN. <input type="checkbox"/> 2 - 3 HOURS	
<input type="checkbox"/> FOCUSED <input type="checkbox"/> BRAIN FOG <input type="checkbox"/>		<input type="checkbox"/> < 1 HOUR <input type="checkbox"/> 3 - 4 HOURS	
<input type="checkbox"/> NAUSEOUS <input type="checkbox"/> BLOATED <input type="checkbox"/>		<input type="checkbox"/> 1 - 2 HOURS <input type="checkbox"/>	

MEAL 5	TIME:	DURATION:	HUNGER: 1 2 3 4 5 6 7
		   	
I ATE BECAUSE: <input type="checkbox"/> BORED <input type="checkbox"/> CRAVINGS <input type="checkbox"/> HUNGRY <input type="checkbox"/> SOCIAL <input type="checkbox"/> STRESS <input type="checkbox"/>			
SYMPTOMS / FEELINGS AFTER MEAL:		HOW LONG AFTER MEAL:	
<input type="checkbox"/> ENERGETIC <input type="checkbox"/> TIRED <input type="checkbox"/>		<input type="checkbox"/> < 30 MIN. <input type="checkbox"/> 2 - 3 HOURS	
<input type="checkbox"/> FOCUSED <input type="checkbox"/> BRAIN FOG <input type="checkbox"/>		<input type="checkbox"/> < 1 HOUR <input type="checkbox"/> 3 - 4 HOURS	
<input type="checkbox"/> NAUSEOUS <input type="checkbox"/> BLOATED <input type="checkbox"/>		<input type="checkbox"/> 1 - 2 HOURS <input type="checkbox"/>	

SATIETY LEVEL AFTER MEALS	FRUIT SERVINGS	WATER INTAKE	SUPPLEMENTS
MEAL 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
MEAL 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
MEAL 3 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	VEGGIE SERVINGS	_____
MEAL 4 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		
MEAL 5 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5		

TODAY'S WINS / ACHIEVEMENTS:

TODAY'S BIGGEST CHALLENGES:

WAYS TO IMPROVE TOMORROW: