



Name _____

When complete, mail to RWS +6301



Developed by Dina Corrao
2009

Daily Food Journal

Date _____

Time _____ Breakfast _____

Time _____ Lunch _____

Time _____ Dinner _____

Time _____ Snacks _____

Fruit servings _____

Vegetable servings _____

Hours watching T.V. _____

*For each meal and/or snack, rate your hunger on a scale of 1-10, with 1 being starving, 5 being neutral and 10 being stuffed.

*For each meal and/or snack record your emotion.

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Tools to success:

1. Don't skip meals
2. Eat breakfast
3. Record food/beverage intake in Daily Food Journal everyday
4. Pay attention to hunger and satiety cues and emotions
5. Eat a variety of foods from all food groups; do not restrict
6. You need some fat
7. You need Carbs

Helpful Links to Nutrition

American Dietetic Association:
www.eatright.org

Web MD:
<http://www.webmd.com/>

National Heart, Lung & Blood Institute:
<http://www.nhlbi.nih.gov/>

National Weight Control Registry: <http://www.nwcr.ws/>