

HAPPY HOUR MAMA

Fitness, Health and an Inspired Life for Busy Women and Moms

Food Journal

Day 1

Food: _____

Time: _____

How I felt before I ate (hungry, tired, sad, anxious, celebratory, etc...): _____

How I felt after I ate (full, satisfied, tired, bloated, etc...): _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Exercise today (yes/no). If yes, what and how long?

Overall impression of the day (good choices, stressed at work, busy, etc...) _____

Food Journal

Day 2

Food: _____

Time: _____

How I felt before I ate (hungry, tired, sad, anxious, celebratory, etc...): _____

How I felt after I ate (full, satisfied, tired, bloated, etc...): _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Exercise today (yes/no). If yes, what and how long?

Overall impression of the day:

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Food Journal

Day 3

Food: _____

Time: _____

How I felt before I ate (hungry, tired, sad, anxious, celebratory, etc...): _____

How I felt after I ate (full, satisfied, tired, bloated, etc...): _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Exercise today (yes/no). If yes, what and how long?

Overall impression of the day:

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Food Journal

Day 4

Food: _____

Time: _____

How I felt before I ate (hungry, tired, sad, anxious, celebratory, etc...): _____

How I felt after I ate (full, satisfied, tired, bloated, etc...): _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Exercise today (yes/no). If yes, what and how long?

Overall impression of the day:

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Food Journal

Day 5

Food: _____

Time: _____

How I felt before I ate (hungry, tired, sad, anxious, celebratory, etc...): _____

How I felt after I ate (full, satisfied, tired, bloated, etc...): _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Exercise today (yes/no). If yes, what and how long?

Overall impression of the day:

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Food Journal

Day 6

Food: _____

Time: _____

How I felt before I ate (hungry, tired, sad, anxious, celebratory, etc...): _____

How I felt after I ate (full, satisfied, tired, bloated, etc...): _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Exercise today (yes/no). If yes, what and how long?

Overall impression of the day:

Food Journal

Day 7

Food: _____

Time: _____

How I felt before I ate (hungry, tired, sad, anxious, celebratory, etc...): _____

How I felt after I ate (full, satisfied, tired, bloated, etc...): _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Food: _____

Time: _____

How I felt before I ate: _____

How I felt after I ate: _____

Exercise today (yes/no). If yes, what and how long?

Overall impression of the day:
