DISCOVERY FOOD JOURNAL

New You 2010

Name ______________________________ Day of Week __________ Date ______________

		Hunger Scale												
Time	**Type of Meal** or Foods/Beverages	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**Thoughts - Feelings (Physical & Emotional)**	**Insights - Strategies**
		Put an X when you start AND stop eating												

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Send to me the evening before your group meeting

Fax: 978-462-1349
Email: agreene@feelyourpersonalbest.com

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