

Nutrition and Activity Journal:

Date _____

Time	Details (length of meal, things noticed like memories, smells, sensory observations)	Food Type & Amount	Liquid Type & Amount	Supplement & medication amount	Where were you, what were you doing & with whom	Feeling & Hunger level before meal	Feelings & Hunger level After meal

Other Observations/Notes: _____

Remember: This is a **NON-JUDGMENTAL OBSERVATION** about what you notice about yourself and your relationship with food. Please don't change what you are doing for the sake of this experience, or you will lose the knowledge gained from just observing where you currently are on your journey. It's not "good" or "bad", it's **INFORMATION**, and information is power and something that we can use to support you towards greater growth.