

NAME: \_\_\_\_\_

# Food Journal

A **DAILY** LOG AND **WEEKLY/MONTHLY** CALENDAR  
FOR TRACKING, RECORDING, & PLANNING.

## Daily

### BEFORE EATING:

Circle or check the number/box that most accurately represents your hunger level.

Scale 1 to 5: 1 represents very hungry, 5 not hungry or full.

**Empty**  
(may feel ill/dizzy)



**Neutral**  
(not hungry or full)

### AFTER EATING:

Circle or check the number/box that most accurately represents your fullness level.

Scale 6 - 10: 6 represents not hungry or full and 10 beyond full.

**Beyond Full**  
(sick feeling)

## Weekly

### TIP:

Try putting your meal planning skills to work! Write down recipes you are interested in trying, or make a list of diabetes friendly snacks to pack for work or travel.

## Monthly

### TIP:

Use the monthly calendar to record tasks. Keep track of upcoming classes or appointments. Note your daily tasks given during your meeting.

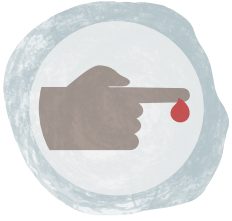
## Self Reflection

### TIPS:

Make daily notes of goals, achievements, positive or negative feelings, etc. This section is designed to note your thoughts and feelings related to your Journey.

**Review how far you've come!** We all need to remember where we started. By making your notes along the way, you can look back on and measure the progress and growth you have achieved!





# Weekly PLAN

WEEK: \_\_\_\_\_

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY


### To do

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Tracker

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	M	T	W	T	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	M	T	W	T	F	S
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	M	T	W	T	F	S

### Notes & Questions

---

---

---

---

---

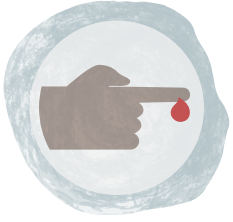
---

---

---

---

---



# Monthly

PLAN

MONTH:

SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						



“Diabetes is like a roller coaster. It has its ups and downs, but it's your choice to scream or enjoy the ride.”  
 ~ womenshealthhub.com

# Self Reflection

START DATE:

**To Do:**

Add 1 Achievement!  
 Offer 1 Reflective Thought (positive or negative).

**Sunday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Monday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Tuesday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Wednesday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thursday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Friday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Saturday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sunday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Monday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Tuesday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Wednesday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Thursday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Friday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Saturday**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_