

MY OWN

MINDFULNESS JOURNAL

Being aware and intentional

Sponsored by: ProCare Health



NAME: _____

Mindfulness Template

Time:

Date:

Breakfast

What I ate:

Hunger level before and after (0-10): ___ / ___

How I felt before:

How I felt after:

Contributing factors:

Time:

Lunch

What I ate:

Hunger level before and after (0-10): ___ / ___

How I felt before:

How I felt after:

Contributing factors:

Time:

Dinner

What I ate:

Hunger level before and after (0-10): ___ / ___

How I felt before:

How I felt after:

Contributing factors:



Mindfulness Template

Time:

Date:

Snack

What I ate:

Hunger level before and after (0-10): ___ / ___

How I felt before:

How I felt after:

Contributing factors:

Time:

Snack

What I ate:

Hunger level before and after (0-10): ___ / ___

How I felt before:

How I felt after:

Contributing factors:

Time:

Snack

What I ate:

Hunger level before and after (0-10): ___ / ___

How I felt before:

How I felt after:

Contributing factors:

