

Food Experience

JOURNAL

DATE: _____

Snack

Meal

TIME: _____

WHAT I ATE: _____

After Eating

HOW I FELT: _____

Satiated

Anxious

Sluggish

Not Satisfied

Heavy

Cold

Hot

Light

Energized

Hyper

Foggy

Focused

Sleepy

Stuffed

Upset Stomach

Angry

1 Hour Later

HOW I FELT: _____

Satiated

Anxious

Sluggish

Not Satisfied

Heavy

Cold

Hot

Light

Energized

Hyper

Foggy

Focused

Sleepy

Stuffed

Upset Stomach

Angry

3 Hours Later

HOW I FELT: _____

Satiated

Anxious

Sluggish

Not Satisfied

Heavy

Cold

Hot

Light

Energized

Hyper

Foggy

Focused

Sleepy

Stuffed

Upset Stomach

Angry