

**Notes:**

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# Food Journal

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Week #: \_\_\_\_\_

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Find this pamphlet and all our patient resources here:  
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:  
Call 811 or visit: <https://811.novascotia.ca>

*Prepared by:* Nutrition and Food Services  
*Designed by:* Nova Scotia Health Library Services

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# Food Journal

## What are my goals for this week?

(eating, activity, buying or preparing food, or emotional goals)

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## When should I write in my food journal?

The best time to make notes is soon after you eat.

This makes it easier to remember:

- > what you ate and drank.
- > your thoughts and feelings.

## How to fill out your food journal:

Time	Time of meal or snack
Food and amount	Write down all food and drinks. <ul style="list-style-type: none"> <li>&gt; Note if the item is a 'diet' product.</li> <li>&gt; Estimate the number of servings (like cereal – ½ serving, toast – 2 slices).</li> </ul>
Place	For example, at home (in the kitchen, dining room, living room), school, work, a restaurant, a clinic, a car.
Binge “√”	A very large amount of food eaten in a short period of time that feels out of control.

Date: \_\_\_\_\_

Time	Food and amount	Place	B	P	Thoughts and feelings

Activity: \_\_\_\_\_

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Date: \_\_\_\_\_

Time	Food and amount	Place	B	P	Thoughts and feelings

Activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Purge “√”	Self-induced vomiting (throwing up). > Note in ‘Thoughts and feelings’ section if you used another way of purging (like exercise, laxatives, chew and spit).
Thoughts and feelings	Describe your feelings and/or any connections between your thoughts, feelings, events, and eating, like: > Eating challenges, phobic foods > Strategies used to help normalize eating > Hunger/Fullness Rating Scale (see page 3)

### Examples from Canada’s Food Guide 2019

<b>Fruits and vegetables:</b> Try to have 1 to 2 servings at every meal. <ul style="list-style-type: none"> <li>• Fresh, frozen, or canned: 125 ml, ½ cup</li> <li>• Fruit or vegetable: 1 medium piece</li> <li>• Juice: 125 ml, ½ cup</li> <li>• Dried: 60 ml, ¼ cup</li> <li>• Salad: 250 ml, 1 cup</li> </ul>
<b>Grains:</b> Try to have 2 servings at every meal. <ul style="list-style-type: none"> <li>• Bread: 1 slice</li> <li>• Cooked pasta: 125 ml, ½ cup</li> <li>• Cooked rice: 125 ml, ½ cup</li> <li>• Cereals: 30 g, about 1 cup</li> <li>• Cooked cereal: 175 ml, ¾ cup</li> <li>• Bagel or pita: half</li> <li>• Roll or muffin: 1 small</li> <li>• Crackers: depends on type</li> <li>• Popcorn (popped): 750 ml, 3 cups</li> </ul>

<p><b>Protein:</b> Try to have 1 serving at every meal.</p> <ul style="list-style-type: none"> <li>• Cooked meat, poultry, fish: 75 g, 2 ½ oz</li> <li>• Cooked pulses or lentils: 175 ml, ¾ cup</li> <li>• Canned meat or fish: ½ can</li> <li>• Nuts or seeds: 60 ml, ¼ cup or a handful</li> <li>• Peanut butter: 30 ml, 2 Tbsp</li> <li>• Eggs: 2</li> </ul> <p><b>High calcium proteins</b></p> <ul style="list-style-type: none"> <li>• Tofu: 150 g, ¾ cup</li> <li>• Cheese (cow, soy): 250 ml, 1 cup</li> <li>• Yogurt: 175 g, ¾ cup</li> </ul>
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### Hunger/Fullness Rating Scale

10	Absolutely, lie-on-the-floor stuffed
9	So full that you are starting to hurt
8	Very full
7	Starting to feel full
6	Slightly full
5	Perfectly comfortable
4	First signal that your body needs food
3	Strong signals to eat
2	Very hungry, irritable, headache, not able to concentrate, have lost focus, anxious
1	Extreme (very bad) hunger, dizziness, shakiness

Date: \_\_\_\_\_

Time	Food and amount	Place	B	P	Thoughts and feelings

Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Time	Food and amount	Place	B	P	Thoughts and feelings

Activity: \_\_\_\_\_

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Date: \_\_\_\_\_

Time	Food and amount	Place	B	P	Thoughts and feelings

Activity: \_\_\_\_\_

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Date: \_\_\_\_\_

Time	Food and amount	Place	B	P	Thoughts and feelings

Activity: \_\_\_\_\_

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

Date: \_\_\_\_\_

Time	Food and amount	Place	B	P	Thoughts and feelings

Activity: \_\_\_\_\_

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