



Healthy You Personal Journal



Hamilton Family Health Team Registered Dietitians
300 - 123 James Street North, Hamilton ON L8R 2K8
(905) 667-4848 or Nutrition.Groups@HamiltonFHT.ca



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Better care, together.

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NUTRITION

Healthy You Journal

Eat Well, Be Active, Feel Good About Yourself

Date: _____

Hunger Scale

Ravenous Starving Hungry Pangs Satisfied Full Very Full Discomfort Stuffed Sick
 1 2 3 4 5 6 7 8 9 10

Time	Food / Drink	Hunger / Fullness Scale										Before Eating Environment/Feelings/Moods/ Thoughts/Body Sensations	After Eating Feelings/Moods/Thoughts/ Body Sensations/Additional Comments	
		1	2	3	4	5	6	7	8	9	10			

Physical Activity:

SMART Goal: (Specific, Measurable, Actionable, Realistic, Timely)

Adapted from: Bacon, Linda. Health at Every Size: The Surprising Truth About Your Weight, 2010

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