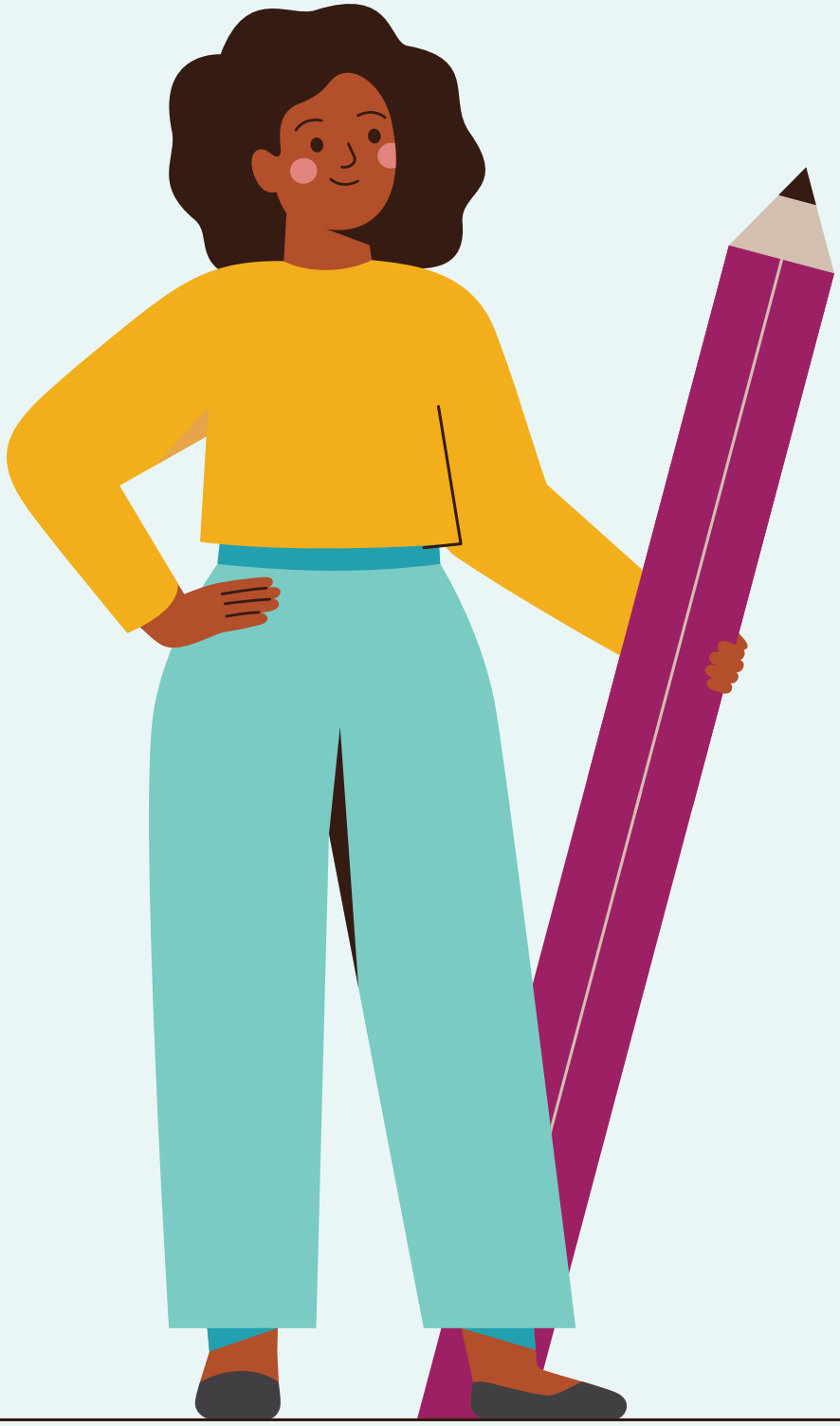
Food & activity

Food & Activity ***Journal***

moda HEALTH



How to *use this journal*

This can be a personal journal for you to take a deeper dive into your relationship with food. If helpful for you, this can also be shared with your healthcare provider.

1 Current habits (pages 6-13)

The first section is a wellness journal to track current daily habits including physical activity, dietary intake, sleep, mood, etc. for three days. Think of this first round of the wellness journal as laying the foundation. We're not looking to change anything yet. We're just taking inventory of where we are at.

2 Reflect and explore (pages 14-15)

The second section a place to reflect and explore areas of your health and wellness you would like additional support with. This section can be used in conjunction with your health coach or healthcare provider to tailor it to your personal health goals and lifestyle.

3 Experimentation (pages 16-23)

The third section is an additional, three-day wellness journal where you can log any changes you are feeling ready to experiment with. This section allows us to see any outcomes from the changes you are making.

Tips

Be as honest as possible. This process is for your benefit and doesn't have to be shown to anyone.

Be detailed about the quantity and quality of your food and activity. Include all meals, snacks and drinks.

There are 3 days of tracking but you may benefit from tracking longer to experiment with different health changes

Experiment and have fun!

Current wellness journal

Directions

At the start of the day

1. **Fill out the date and the day of the week.**
2. **Note the number of hours you slept the night before and if you felt rested when you woke up.**
3. **Set an intention for the day.** *Write a sentence to describe a goal for your day.*

Throughout the day

1. **For each meal or snack, note your feelings on the hunger scale beforehand.**
   Use this scale as a tool to build awareness around hunger cues.

   1 = **Not hungry at all**
   Example: eating just to eat, something upset me, something looked delicious, or boredom/habit

   2 = **A little hungry, it's about that time to eat/ starting to think about food**
   Example: food sounded good, or it's mealtime

   3 = **Hungry and some food sounds good**
   Example: hungry but not overly hungry; we're eating with intention but not feeling intense cravings

   4 = **Very hungry, intense cravings**
   Example: starting to feel the hunger and maybe feel irritable, some physical symptoms like shaky, 'hangry' or single-track mindset

   5 = **Beyond hungry**
   Example: don't even care what type food, just need food, more intense feeling physical symptoms like shaking or lack of focus

2. **Note the details of each meal or snack, including the time and beverages.**
3. **After your meal, complete the satiety scale.**

   1 = **Still hungry**
   Example: physically feeling hungry, not enough food

   2 = **Unsatisfied**
   Example: there is more to be desired after, maybe the meal wasn't satisfying

   3 = **Satisfied**
   Example: satiated, sweet spot of fullness

   4 = **Past Satiety**
   Example: feel uncomfortable, a drop in energy

4. **Circle the facial expression that most closely correlates to your current mood.**
5. **For diabetic management or if it applies to you, note blood glucose.** This could be taken pre-meal and post-meal, or your healthcare provider may have instructions for how often to test blood sugar. Reach out to your healthcare provider to get an accurate idea for your goal with testing.

At the end of the day

1. **Check off the number of servings of fruits and veggies you had during the day.**
2. **Check off the number of 8 oz. glasses of water you drank**. The overall recommendation is to get about half your body weight in ounces.
3. **Reflect on the day and anything that came up for you.** This is a space to reflect on what came up for you during the day. Sample questions when reflecting on the day:
   - How did your sleep affect your food choices, mood and movement through the day?
   - What foods did you really enjoy, or did you try something new that surprised you?
   - Did your mood change in any way after you ate or engaged in movement?
   - What other factors affected you today?
   - What about today do you want to try differently tomorrow?
   - What about today do you want to maintain?
4. **Fill out today's win. Also circle the meals or activities that made you feel good.**
5. **List any activities you engaged in (walking, cleaning house, structured traditional workout, etc.).**

DAY 1 START OF THE DAY

Date: _____ M T W Th F S Su

Intention of the day:

Hours slept: _____ Did you wake up feeling rested today? Yes No

Meal 1

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 2

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 3

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 4	Time: _____ Hunger scale (pre meal): 1 2 3 4 5 Satiety scale (post meal): 1 2 3 4 Mood check-in: Other mood: _____ **Blood sugar readings:** 1 hr past: _____ 2 hrs past: _____
Beverages:	

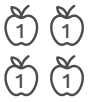
Meal 5	Time: _____ Hunger scale (pre meal): 1 2 3 4 5 Satiety scale (post meal): 1 2 3 4 Mood check-in: Other mood: _____ **Blood sugar readings:** 1 hr past: _____ 2 hrs past: _____
Beverages:	

END OF THE DAY

Servings:

Vegetables

Fuit



Water = 8oz

Daily Reflections:

Today's win:

**circle the meals that made you feel good*

Activities (type and time):

DAY 2 START OF THE DAY

Date: _____ M T W Th F S Su

Intention of the day:

Hours slept: _____ Did you wake up feeling rested today? Yes No

Meal 1

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 2

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 3

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 4

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 5

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

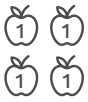
1 hr past: _____ 2 hrs past: _____

END OF THE DAY

Servings:

Vegetables

Fuit



Water = 8oz

Daily Reflections:

_____

_____

Today's win:

_____

_____

**circle the meals that made you feel good*

Activities (type and time):

_____

_____

DAY 3 START OF THE DAY

Date: _____ M T W Th F S Su

Intention of the day:

Hours slept: _____ Did you wake up feeling rested today? Yes No

Meal 1

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 2

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 3

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 4

Beverages:

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 5

Beverages:

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

END OF THE DAY

Servings:

Vegetables

Fuit

Water = 8oz

Daily Reflections:

_____

_____

Today's win:

_____

_____

**circle the meals that made you feel good*

Activities (type and time):

_____

_____

Reflect and explore

Reflect ***and explore***

This space is for you to reflect on your three-day journal from section 1. You can use any of the prompts below to help make connections and explore areas you'd like to make changes to. If helpful, review with a healthcare provider or health coach to tailor this to your personal needs and lifestyle.

For example:

- What are areas that you feel like are going exceptionally well?
- What areas do you feel like you might want improvement in?
- What connections do you notice between your sleep habits, dietary choices and activity?
- What connections do you notice between your mood, the foods you eat, and activity level throughout the day?
- Have you noticed a connection between hydration and satiety, or your digestive function?
- What are you noticing about your energy fluctuations during the day?
- If applicable: Note any trends you can see with the food you eat and your blood sugar levels

Explore new habits

Explore
new habits

After you've used Section 2 to reflect, you can use this as a space to explore new habits, put them to practice and note what works. This is a supportive tool and not a test. This is a place to experiment with ideas you came up with, and note any ah-ha moments.

Start small and play around with a few areas of interest. What you try here should be something you're excited about and look forward to.

Areas of experimentation:

DAY 1 START OF THE DAY

Date: _____ M T W Th F S Su

Intention of the day:

_____

Hours slept: _____ Did you wake up feeling rested today? Yes No

Meal 1

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 2

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 3

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 4	Time: _____ Hunger scale (pre meal): 1 2 3 4 5 Satiety scale (post meal): 1 2 3 4 Mood check-in: Other mood: _____ **Blood sugar readings:** 1 hr past: _____ 2 hrs past: _____
Beverages:	

Meal 5	Time: _____ Hunger scale (pre meal): 1 2 3 4 5 Satiety scale (post meal): 1 2 3 4 Mood check-in: Other mood: _____ **Blood sugar readings:** 1 hr past: _____ 2 hrs past: _____
Beverages:	

END OF THE DAY

Servings:

Vegetables

Fuit

Water = 8oz

Daily Reflections:

Today's win:

**circle the meals that made you feel good*

Activities (type and time):

DAY 2 START OF THE DAY

Date: _____ M T W Th F S Su

Intention of the day:

Hours slept: _____ Did you wake up feeling rested today? Yes No

Meal 1

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 2

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 3

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 4	Time: _____ Hunger scale (pre meal): 1 2 3 4 5 Satiety scale (post meal): 1 2 3 4 Mood check-in: Other mood: _____
Beverages:	**Blood sugar readings:** 1 hr past: _____ 2 hrs past: _____

Meal 5	Time: _____ Hunger scale (pre meal): 1 2 3 4 5 Satiety scale (post meal): 1 2 3 4 Mood check-in: Other mood: _____
Beverages:	**Blood sugar readings:** 1 hr past: _____ 2 hrs past: _____

END OF THE DAY

Servings:

Vegetables

Fuit

Water = 8oz

Daily Reflections:

_____

_____

Today's win:

_____

_____

**circle the meals that made you feel good*

Activities (type and time):

_____

_____

DAY 3 START OF THE DAY

Date: _____ M T W Th F S Su

Intention of the day:

Hours slept: _____ Did you wake up feeling rested today? Yes No

Meal 1

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 2

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 3

Time: _____

Hunger scale (pre meal): 1 2 3 4 5

Satiety scale (post meal): 1 2 3 4

Mood check-in:

Other mood: _____

Beverages:

Blood sugar readings:

1 hr past: _____ 2 hrs past: _____

Meal 4	Time: _____ Hunger scale (pre meal): 1 2 3 4 5 Satiety scale (post meal): 1 2 3 4 Mood check-in: Other mood: _____ **Blood sugar readings:** 1 hr past: _____ 2 hrs past: _____
Beverages:	

Meal 5	Time: _____ Hunger scale (pre meal): 1 2 3 4 5 Satiety scale (post meal): 1 2 3 4 Mood check-in: Other mood: _____ **Blood sugar readings:** 1 hr past: _____ 2 hrs past: _____
Beverages:	

END OF THE DAY

Servings:

Vegetables

Fuit

Water = 8oz

Daily Reflections:

Today's win:

**circle the meals that made you feel good*

Activities (type and time):

Reflections
and takeaways

What went well?

What do you want to continue?

What did you learn?

What would you do differently next time?

moda HEALTH

modahealth.com

Moda, Inc. complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229（聾啞人專用：711）

2325 (12/22)