

# Tracker to Identify Your Food Triggers



## Food Tracker Introduction

Understanding the factors that contribute to your eating habits can help you take control of the type and amount of foods that you consume, and the frequency that you consume them. Sometimes we eat to satisfy physical hunger, but often it's to satisfy a psychological need rather than a physical need. Often we're unaware of the psychological cues that cause us to eat when we're not really hungry.

Use this tracker to **keep a record of everything you eat and drink** (including alcoholic and non-alcoholic drinks) for the next seven days to help you identify the triggers that make you want to eat when you are not physically hungry. Note all of the following items listed below in the appropriate section of the table:

1. **Time:** Write down what time you ate each meal or snack, or consumed each drink.
2. **Type of Food/Drink & Quantity:** Write down what you ate or drank and how much of it you had.
3. **Where You Ate/Drank:** Where you were when you ate or drank.
4. **Who, What, Why?:** Write down *who* you were with; *what* you were doing; and *why* you ate or drank if not for a specific meal.
5. **What Was Your Mood?:** How were you feeling when you ate or drank? – Refer to the emoticon images and write down the name of the feeling under the emoticon picture. If your mood is not listed, write in your own description.
6. **What Was Your Level of Hunger?:** (Applies to food only.) How hungry were you when you ate? Reference the hunger scale to figure out where you fit and write down the corresponding number.

## Choose Your Mood

Select the emotion that best defines your mood when you made each food or beverage choice, whether positive or negative.



Angry

Anxious

Bored

Excited

Focused

Happy

Overwhelmed

Relaxed

Sad

## Choose Your Level of Hunger

Use this hunger scale to rate your level of hunger, and record the number in the "What Was Your Level of Hunger?" column for each food you had throughout the day.

1

You're so hungry you'll eat anything – you may feel starved, dizzy, crabby, or have a headache.

2

You are very hungry and unable to concentrate; you can't ignore your hunger any longer.

3

You are hungry and ready to eat; your stomach is growling and you have hunger pangs.

4

You begin to feel hungry and it's time to think about what you want to eat, but you feel you can wait.

5

You are comfortable and feel neither hungry nor full.

6

You are full and satisfied.

7

You are very full and may have over eaten, but feel satisfied. You know you will not need to eat for several hours.

8

You're stuffed and are starting to feel uncomfortable.

9

You feel very uncomfortable and your clothes may feel tight. You may be tempted to eat more but you know if you continue to eat you'll start to feel sick.

10

You are painfully full and may even feel sick.



| Day of Week | Type of Meal | Time | Type of Food/Drink & Quantity | Where You Ate/Drank | Who, What, Why? | What Was Your Mood? | What Was Your Level of Hunger? |
|-------------|--------------|------|-------------------------------|---------------------|-----------------|---------------------|--------------------------------|
| Day/Date:   |              |      |                               |                     |                 |                     |                                |
| Day/Date:   |              |      |                               |                     |                 |                     |                                |
| Day/Date:   |              |      |                               |                     |                 |                     |                                |
| Day/Date:   |              |      |                               |                     |                 |                     |                                |

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|-------------|--------------|------|-------------------------------|---------------------|-----------------|---------------------|--------------------------------|
| Day/Date:   |              |      |                               |                     |                 |                     |                                |
| Day/Date:   |              |      |                               |                     |                 |                     |                                |
| Day/Date:   |              |      |                               |                     |                 |                     |                                |
| Day/Date:   |              |      |                               |                     |                 |                     |                                |