# Emotional eating diary

LOW CARB PROGRAM

| **Date** | **Time** | **What was happening?** e.g. difficult conversation with colleague/family member | **What sensations in your body did you notice?** e.g. pounding heart, lump in throat | **What was going through your mind?** e.g. "I can't cope, this is too much" | **How did you feel?** e.g. scared and angry | **What did you do?** e.g. went to the cupboard and ate packet of biscuits | **How did you feel after this?** e.g. calm as feeling went away |
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