

Hunger / Fullness Scale

When you are getting ready for a meal or snack, ask yourself:

"Where am I on the hunger / fullness scale?"

Place a check under the meal/snack next to where you are on the scale.

At the end of the meal, ask yourself:

"Where am I on the scale now?"

Place an "x" under the meal/snack next to where you are on the scale.

Use the Notes section to jot down what was happening that day
(e.g. busy day at work/school, stressful event, sickness, celebration)

B - Breakfast, L - Lunch, D - Dinner, S - Snacks

10 - Extremely stuffed, feeling sick, painful

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 - Very full, uncomfortable

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8 - Feeling full, but not uncomfortable

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7 - Satisfied, body has adequate fuel

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 - Mildly satisfied, body feels energized

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5 - Not hungry, neutral

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 - Beginning to feel signs of hunger

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3 - Hungry and ready to eat

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2 - Very hungry, distracted by thoughts of food

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 - Starving, low energy, faint and irritable

B	S	L	S	D
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GOALS

What are your goals for meals/snacks today

TIPS

Everyday will look different.

Point of this exercise is to NOTICE your body signals.

No judgment, just curiosity

NOTES