

Appetite Awareness Worksheet

The “How You Should Feel Timeline”

Today you're going to eat what you feel is a “typical” meal and then observe how you feel immediately after finishing and every hour afterward. If you've eaten the right amount for fat loss, you might feel like this:

HOUR 0	Immediately after You're probably still a little hungry. It will take roughly 15-20 minutes to get a sense of satisfaction from a meal. If you're a fast eater, wait it out before you go for more.
HOUR 1	One hour after finishing You should still feel satisfied with no desire to eat another meal.
HOUR 2	Two hours after finishing You may start to feel a little hungry, like you could eat something, but the feeling isn't overwhelming.
HOUR 3	Three to four hours after finishing You should feel like it's time for the next meal. Your hunger should be around a 7 or 8 out of 10 (where 10 is the hungriest you've ever been), but may be more or less depending on when you exercised and what your daily physical activity level is. Not really hungry yet? You likely had too much food at your previous meal.
HOUR 4	Four or more hours after finishing You're quite hungry, like nothing is getting between you and the kitchen. You're at 8 or 9 out of 10. This is when the “I'm so hungry I could eat anything” feeling appears. (Obviously, if you let your hunger get this far you may make poor choices.)

How Hungry Am I?

This worksheet helps you get into the habit of noticing how physically hungry or full you are.

Look for physical cues such as:

- growling stomach or sense of stomach emptiness
- lightheadedness
- irritability, shakiness
- headache

The more you practice observing your physical hunger cues (and differentiating them from just wanting to eat), the better you will get.

GOALS

1. Eat scheduled meals/snacks. Avoid getting too hungry.
2. Resist urges to eat when not hungry. Stop at 80% full.
3. Describe physical and emotional feelings around eating times.
4. Be aware of non-physical eating cues.

HOW TO USE THIS SHEET

1. Mark two boxes for each meal: how hungry you are when you start eating, and how hungry you are when you finish eating.
2. Describe your physical and emotional sensations. For physical sensations, focus on how your stomach feels in particular.

EXAMPLE

1 = extremely hungry; 4 = neutral; 7 = overstuffed/sick

DATE	TIME	TOO HUNGRY	MINDFUL EATING	TOO FULL	NOTES
Jan 14/10	12 pm	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input checked="" type="checkbox"/> 7	Starving when I started out... didn't eat breakfast. Over-ate. Feel really gross and full now; upset stomach.
	5 pm	<input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> 6 <input type="checkbox"/> 7	Didn't stop soon enough; feel sluggish and bloated.
	9:00 pm	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7	Feel good. Went to the store and bought some nice berries to eat. Stomach upset subsiding.

HOW HUNGRY AM I?

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DATE	TIME	TOO HUNGRY	MINDFUL EATING	TOO FULL	NOTES
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7	
		<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 6 <input type="checkbox"/> 7	