| Name: |                        | Hunger Scale Journal: | Intention / Focus: |  |
|-------|------------------------|-----------------------|--------------------|--|
| Date: | _Day: M T W Th F Sa Su | What's Going On?      |                    |  |

| Start<br>Time | Food and Quantity | Hunger Scale           | End  | Meal<br>or   | Location  | Activity     | Thoughts, Feelings, |
|---------------|-------------------|------------------------|------|--------------|-----------|--------------|---------------------|
|               | Food and Quantity | 0 1 2 3 4 5 6 7 8 9 10 | Time | <b>S</b> nak | of Eating | While Eating | Concerns, Questions |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   | 0112345678910          |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 040045670040           |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   | 0 1 2 3 4 5 6 7 8 9 10 |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |
|               |                   |                        |      |              |           |              |                     |

- Hunger Scale

  0 = Starving, weak, nothing to go on

  1 = Difficult to discriminate, preoccupied with food, weak

  2 = Distracted by food, irritable, tired, Head Ratchet

  3 = Thoughts of food, urge to eat present, but not overwhelming

  4 = Early warning, occasional thoughts of food, easy to ignore

- 5 = Neutral, not hungry, not satisfied 6 = Hunger eases off, may still feel drive to eat 7 = Good and full, not hungry again for 3-4 hrs

- 8 = Belly full, not *physically* uncomfortable 9 = *Physically* uncomfortable, hurting, numb(?) 10 = "Thanksgiving" full, gorked out, numb(?)

**Exercise** 

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