

Vital Lifestyle Coaching- Eating Awareness Record

Name _____

Day _____ Date _____

Time	With Whom & /or Where	Thoughts & feelings Before Eating	Hunger/ Fullness Before Eating Scale (0-10)	Food Eaten	Hunger/ Fullness After Eating scale (0-10)	Thoughts & Feelings After Eating. Do you feel satisfied? If not is there a food that would have satisfied you?	Speed of Eating e.g. Slow/ Medium/ Fast/ Very Fast

Hunger/ Fullness Scale

