

Name: \_\_\_\_\_

Date: DD / MM / YY

**Moderation in Food Worksheet**

When hunger was present what was the range (*mark the max & min*)

|              |   |   |   |   |   |   |   |   |   |    |
|--------------|---|---|---|---|---|---|---|---|---|----|
| Hunger Level | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------|---|---|---|---|---|---|---|---|---|----|

|                                   |   |   |   |   |   |
|-----------------------------------|---|---|---|---|---|
| How many meals have you had today | 1 | 2 | 3 | 4 | 5 |
|-----------------------------------|---|---|---|---|---|

What were the meals?

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|                                    |   |   |   |   |   |
|------------------------------------|---|---|---|---|---|
| How many snacks have you had today | 1 | 2 | 3 | 4 | 5 |
|------------------------------------|---|---|---|---|---|

**What were the snacks?**

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**How did your body feel, in detail, during and after eating?** (*did you feel full, comfortable, tired?*)

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Daily Practice Worksheets

Name: \_\_\_\_\_

Date: DD / MM / YY

**What feelings and thoughts accompanied this? (note what is wanted/craved)**

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**Did anything help or hinder your mindful eating?**

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**What Practice/s Would Be Of Benefit To This Aim** *(note these is the form of right effort i.e., formation & maintaining skilled qualities; mentioning specific aspects of the path & their sub-aspect as-well as any other practice)*

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**Review Of Effectiveness** *(in both short & long term)*

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