

MINDFUL EATING RECORD FORM**Name:** _____

What/where/when was the snack or meal?	What sensory experiences were you most aware of?	How did your body feel, in detail, during the experience?	What feelings and thoughts accompanied this event?	Did anything help or hinder your mindful eating?
Day: Hunger (0-10):				
Day: Hunger (0-10):				
Day: Hunger (0-10):				
Day: Hunger (0-10):				