

Hunger Assesment

Subject: _____ Date: _____ Time: _ Before bedtime Week: _____

Please mark this line with a dash "|" to indicate how hungry you are at this moment.

1) How hungry do you feel?

Not Hungry at all _____ Extremely hungry

2) How satisfied do you feel?

Feel completely empty _____ Can't eat another bite

3) How full do you feel?

Not at all full _____ Totally full