



MONTH _____

*Eating
Mindfully*

MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> Acknowledge where the food was grown	<input type="checkbox"/> Acknowledge how the meal was delivered	<input type="checkbox"/> Acknowledge who prepared the meal	<input type="checkbox"/> Evaluate your hunger scale	<input type="checkbox"/> Notice how your food looks	<input type="checkbox"/> Notice how your food smells	<input type="checkbox"/> Notice who is with you while you eat
<input type="checkbox"/> Take one bite and savor the flavor of it	<input type="checkbox"/> Put utensil down after each bite	<input type="checkbox"/> Chew Slowly	<input type="checkbox"/> Sit at a table	<input type="checkbox"/> Feel the texture of the food in your mouth	<input type="checkbox"/> Listen to soft or ambient music	<input type="checkbox"/> Do not multitask
<input type="checkbox"/> Use a small plate	<input type="checkbox"/> Smile after each bite	<input type="checkbox"/> Be mindful of the food choices	<input type="checkbox"/> Take small bites	<input type="checkbox"/> Only eat when hungry	<input type="checkbox"/> Stop eating when you are full	<input type="checkbox"/> Notice other sounds you hear around you
<input type="checkbox"/> Be intentional about how you eat	<input type="checkbox"/> Increase your awareness of hunger and fullness cues	<input type="checkbox"/> Increase your awareness of eating triggers	<input type="checkbox"/> Awareness provides space for thoughtful decisions	<input type="checkbox"/> Take a sip of water between each bite	<input type="checkbox"/> Think about how you value your health	<input type="checkbox"/>
<input type="checkbox"/> Think about why you value your health	<input type="checkbox"/> Think about who you want to be healthy for	<input type="checkbox"/> Think about how your health affects your life	<input type="checkbox"/> Think about your health goals before you eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

