Meal Volume Activity

Plan a balanced meal that contains all five food groups:
1. Grain or high starch vegetable serving
2. Fruit and low starch vegetable serving
3. Milk or milk product
4. Protein serving
5. Fat serving

Before eating, assess how much hunger you are experiencing. Use the hunger scale to describe your hunger.

**Hunger Scale**
- Severely hungry
- Moderately hungry
- Slightly hungry
- Slightly neutral
- Moderately neutral
- Severely neutral
- Enough

Record your level of hunger in the chart below. Have a bite of each food group on your plate and reassess your level of hunger. Record this information. Continue the process; assess your level of hunger; and record. Continue until you have reached the level of enough. Eat slowly without anticipating how the next bite will taste. Remember to use all five senses (smell, sight, sound, taste, and touch) to experience eating. Put your napkin over your plate when you have reached the level of enough. Relax for a minute before answering the questions on the following page.

**Your Hunger Chart**

Before eating: ________________________________________________________________

After first set of bites: ________________________________________________________

After second set: _____________________________________________________________

After third set: _____________________________________________________________

After fourth set: _____________________________________________________________

After fifth set: ______________________________________________________________

After sixth set: ______________________________________________________________

After seventh set: ___________________________________________________________

After eight set: _____________________________________________________________
1. Did you have difficulty stopping when you had enough? If you answered ‘yes,’ use the fullness scale to indicate your level of satiety.

   **Fullness Scale**
   - Enough
   - Slightly full
   - Moderately full
   - Extremely full
   - Slight discomfort
   - Moderate discomfort
   - Extreme discomfort

2. How did your thoughts about food change as you went through the exercise?

3. How did the flavor of food change as you went through the exercise?

4. When did food have the most flavor?

5. If you had difficulty stopping when you reached the level of enough, what made it difficult to stop?

6. Did you have a family rule about cleaning your plate?

7. Did you feel tired or energized after eating?

8. Did you become more or less irritable after eating?

9. Did your concentration change after eating?

10. If you were not hungry when you began, did you notice that it took only a few bites to reach the level of enough? Why would this happen?

11. How would this exercise be different if the meal was not balanced?

12. What did you learn about trusting your body?

13. How does your body regulate weight?