| MEAL • TIME | DAY ONE | DAY TWO | DAY THREE | DAY FOUR | DAY FIVE |
|---|---------|---------|-----------|----------|----------|
| morning check-in | | | | | |
| breakfast fluids | | | | | |
| feeling | | | | | |
| lunch fluids | | | | | |
| feeling | | | | | |
| dinner fluids | | | | | |
| feeling | | | | | |
| other food, drinks, supplements, and snacks | | | | | |

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STEP ONE // Take 1-5 minutes after each meal to slow down and feel your body. You can do this while you're still sitting at the table or about 30 minutes after eating. You will notice changes for at least 1 hour. Ask yourself:

Do I feel satisfied?

Did I overeat? Or under eat?

Am I thirstier now?

Do I have gas? Burping?

Feel irritable?

Feel drowsy?

Feel anxious?

Do I have a headache?

Am I itchy?

Am I sneezing?

STEP TWO // Start by taking 3 slow breaths. With each breath, draw your attention to a different area of your body.

Breathe in: Feel your head, neck and shoulders.

Breathe out.

Breathe in: Feel your chest, stomach and arms.

Breathe out

Breathe in: Feel your back, hips and legs.

Breathe out.

STEP THREE // What did you feel? Write some key words to refer to at the end of your 5 days. Do you see a pattern?

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