Code:

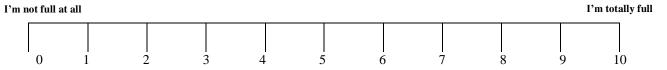
date:

your name:

1. How hungry do you feel?



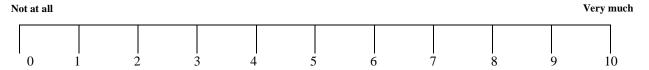
2. How full do you feel?



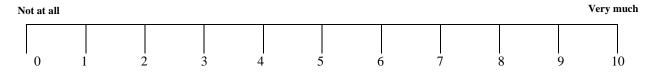
3. How strong is your desire to eat?



4. How strong is your desire to eat something sweet?



5. How strong is your desire to eat something salty?



6. How strong is your desire to eat something fat?

