

Diet Check Record

NAME: _____

Day # _____

FOOD INTAKE List all foods & drinks consumed		REACTIONS TO YOUR METABOLIC TYPE DIET			
		GOOD REACTIONS		BAD REACTIONS	
TODAY'S DATE: _____		Place a check to the left of all descriptions that describe your experience 1 - 2 hours after each meal			
Time ____:____ BREAKFAST	APPETITE SATIETY CRAVINGS	<input type="checkbox"/>	Feel full, satisfied	<input type="checkbox"/>	Feel physically full, but still hungry
		<input type="checkbox"/>	Do NOT have sweet cravings	<input type="checkbox"/>	Have desire for something sweet
		<input type="checkbox"/>	Do NOT desire more food	<input type="checkbox"/>	Not satisfied, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<input type="checkbox"/>	Sense of feeling refueled, renewed and restored	<input type="checkbox"/>	Inability to think quickly or clearly
		<input type="checkbox"/>	Some emotional upliftment	<input type="checkbox"/>	Hyper, overly rapid thoughts
		<input type="checkbox"/>	Improved mental clarity and sharpness	<input type="checkbox"/>	Inability to focus or concentrate
		<input type="checkbox"/>	Normalization of thought processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
		<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable
Time ____:____ LUNCH	APPETITE SATIETY CRAVINGS	<input type="checkbox"/>	Feel full, satisfied	<input type="checkbox"/>	Feel physically full, but still hungry
		<input type="checkbox"/>	Do NOT have sweet cravings	<input type="checkbox"/>	Have desire for something sweet
		<input type="checkbox"/>	Do NOT desire more food	<input type="checkbox"/>	Not satisfied, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<input type="checkbox"/>	Sense of feeling refueled, renewed and restored	<input type="checkbox"/>	Inability to think quickly or clearly
		<input type="checkbox"/>	Some emotional upliftment	<input type="checkbox"/>	Hyper, overly rapid thoughts
		<input type="checkbox"/>	Improved mental clarity and sharpness	<input type="checkbox"/>	Inability to focus or concentrate
		<input type="checkbox"/>	Normalization of thought processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
		<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable
Time ____:____ DINNER	APPETITE SATIETY CRAVINGS	<input type="checkbox"/>	Feel full, satisfied	<input type="checkbox"/>	Feel physically full, but still hungry
		<input type="checkbox"/>	Do NOT have sweet cravings	<input type="checkbox"/>	Have desire for something sweet
		<input type="checkbox"/>	Do NOT desire more food	<input type="checkbox"/>	Not satisfied, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<input type="checkbox"/>	Sense of feeling refueled, renewed and restored	<input type="checkbox"/>	Inability to think quickly or clearly
		<input type="checkbox"/>	Some emotional upliftment	<input type="checkbox"/>	Hyper, overly rapid thoughts
		<input type="checkbox"/>	Improved mental clarity and sharpness	<input type="checkbox"/>	Inability to focus or concentrate
		<input type="checkbox"/>	Normalization of thought processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
		<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable

Describe how you felt overall today from this diet. Did you do well or poorly on it? _____