

Diet Check Record Sheet

NAME: _____

Day # _____

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

Time ____: ____ LUNCH	APPETITE SATIETY CRAVINGS		Feel full, satisfied	Feel physically full, but still hungry
		Do NOT have sweet cravings	Have desire for something sweet	
		Do NOT desire more food	Not satisfied, feel like something was missing	
		Do NOT feel hungry	Already hungry	
		Do NOT need to snack before next meal	Feel the need for a snack	
	ENERGY LEVELS	Energy feels renewed	Meal gave too much or too little energy	
		Have good, lasting, "normal" sense of energy	Became hyper, jittery, shaky, nervous or speedy	
			Felt hyper, but exhausted "underneath"	
			Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy	
	MIND EMOTIONS WELL-BEING	Improved well-being	Mentally slow, sluggish, or spacy	
		Sense of feeling refueled, renewed and restored	Inability to think quickly or clearly	
		Some emotional upliftment	Hyper, overly rapid thoughts	
		Improved mental clarity and sharpness	Inability to focus or concentrate	
		Normalization of thought processes	Apathy, depression, withdrawal or sadness	
		Anxious, obsessive, fearful, angry or irritable		

Time ____: ____ DINNER	APPETITE SATIETY CRAVINGS		Feel full, satisfied	Feel physically full, but still hungry
		Do NOT have sweet cravings	Have desire for something sweet	
		Do NOT desire more food	Not satisfied, feel like something was missing	
		Do NOT feel hungry	Already hungry	
		Do NOT need to snack before next meal	Feel the need for a snack	
	ENERGY LEVELS	Energy feels renewed	Meal gave too much or too little energy	
		Have good, lasting, "normal" sense of energy	Became hyper, jittery, shaky, nervous or speedy	
			Felt hyper, but exhausted "underneath"	
			Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy	
	MIND EMOTIONS WELL-BEING	Improved well-being	Mentally slow, sluggish, or spacy	
		Sense of feeling refueled, renewed and restored	Inability to think quickly or clearly	
		Some emotional upliftment	Hyper, overly rapid thoughts	
		Improved mental clarity and sharpness	Inability to focus or concentrate	
		Normalization of thought processes	Apathy, depression, withdrawal or sadness	
		Anxious, obsessive, fearful, angry or irritable		

How did you feel overall today from this diet? Did you do well or poorly on it?