food log dos and don'ts

Everything you eat and drink counts.

If you are really serious about improving your health, losing weight, etc., then you absolutely need to be willing to confront what you are putting into your body. Until you take a serious and sober look at what you are eating and drinking you will never uncover and correct your subconscious habits and cravings.

Our intention is to help you, help yourself! Commit to filling out an honest, one-week food log for us to review together.

KEEPING YOUR ONE-WEEK FOOD LOG



- Keep your log where you can see it
- Log immediately after eating
- Be honest
- Keep your food items general, for example: cereal with almond milk
- Notice the time of day
- Keep track of your water intake, bowel movements and quality of sleep
- Optional: take note of any strong cravings and what time they occur



- Wait to log your food at the end of the day!
- Avoid over detail (there's not a lot of space)
- Neglect to write something down because you think it's "bad"
- Forget to bring it back for your next visit!





Daily Record of Food Intake | Your diet may be the key to better health.

Name:

Each day, record all the items you eat and drink. Be sure to include the approximate amount of each item. When you have completed this form, return it to your health care professional for evaluation.



WHOLE FOOD NUTRIENT SOLUTIONS

BREAKAST Time: LUNCH Time: Intermediation of the second of the seco	Day 1—Date:		
Yegetables and futus:	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Breads, carvals, and grans.	Meat and dairy:		
Fats (hutter, margarine, oil, etc.):	Vegetables and fruits:		
Candy, sweets, and junk food.	Breads, cereals, and grains:		
Water intake (fl. oz): Other drinks MIDMORNIC SNACK Time MIDDAY SNACK Time Bowel novements (number and constance): Hours of sleep: Quality of sleep: (geod) 1 2 3 4 5 (geod) Day 2—Date: DINNER Time USCHTTIME SNACK Time: Image: Constance (Constance): BREAKFAST Time LUNCH Time: Image: Constance (Constance): Image: Constance (Constance): Vegetables and fruits: Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Breads, coreads, and grains. Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Char and daily. Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Breads, coreads, and grains. Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Other drinks Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Other drinks Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance): Image: Constance (Constance	Fats (butter, margarine, oil, etc.):		
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Vegetables and fruits:	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Breads, cereals, and grains:	Meat and dairy:		
Fats (butter, margarine, oil, etc.):	Vegetables and fruits:		
Candy, sweets, and junk food:	Breads, cereals, and grains:		
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Vegetables and fruits: Breads, cereals, and grains: Fats (butter, margarine, oil, etc.): Candy, sweets, and junk food: Water intake (fl. oz.): Other drinks: MIDDAY SNACK Time: Snack: Bowel movements (number and consistency): Hours of sleep: (good) 1 2 3 4 5 (poor)	BREAKFAST Time:	LUNCH Time:	DINNER Time:
Breads, cereals, and grains: Fats (butter, margarine, oil, etc.): Candy, sweets, and junk food: Water intake (fl. oz.): Other drinks: MIDDAY SNACK Time: Snack: Bowel movements (number and consistency): Hours of sleep: Quality of sleep: (good) 1 2 Yate of sleep:	Meat and dairy:		
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Candy, sweets, and junk food: Water intake (fl. oz.): Other drinks: MIDMORNING SNACK Time: Snack: Bowel movements (number and consistency): Hours of sleep: Quality of sleep: (good) 1	Breads, cereals, and grains:		
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	Snack:		
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Day 4—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 5—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Snack:		
Bowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 6—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
MIDMORNING SNACK Time: Snack:	MIDDAY SNACK Time:	NIGHTTIME SNACK Time:
Bowel movements (number and consistency):	Hours of sleep:	Quality of sleep: (good) 1 2 3 4 5 (poor)
Day 7—Date:		
BREAKFAST Time:	LUNCH Time:	DINNER Time:
Meat and dairy:		
Vegetables and fruits:		
Breads, cereals, and grains:		
Fats (butter, margarine, oil, etc.):		
Candy, sweets, and junk food:		
Water intake (fl. oz.):		
Other drinks:		
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