

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.

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

Name: _____

Day 1—Date: _____

BREAKFAST 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: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Quality of sleep: (good) 1 2 3 4 5 (poor)

Day 2—Date: _____

BREAKFAST 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: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Quality of sleep: (good) 1 2 3 4 5 (poor)

Day 3—Date: _____

BREAKFAST 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: _____

Bowel movements (number and consistency): _____

LUNCH Time: _____

MIDDAY SNACK Time: _____

Hours of sleep: _____

DINNER Time: _____

NIGHTTIME SNACK Time: _____

Quality of sleep: (good) 1 2 3 4 5 (poor)

Notes: _____

Day 4—Date:

BREAKFAST 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:

Bowel movements (number and consistency):

LUNCH Time:

MIDDAY SNACK Time:

Hours of sleep:

DINNER Time:

NIGHTTIME SNACK Time:

Quality of sleep: (good) 1 2 3 4 5 (poor)

Day 5—Date:

BREAKFAST 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:

Bowel movements (number and consistency):

LUNCH Time:

MIDDAY SNACK Time:

Hours of sleep:

DINNER Time:

NIGHTTIME SNACK Time:

Quality of sleep: (good) 1 2 3 4 5 (poor)

Day 6—Date:

BREAKFAST 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:

Bowel movements (number and consistency):

LUNCH Time:

MIDDAY SNACK Time:

Hours of sleep:

DINNER Time:

NIGHTTIME SNACK Time:

Quality of sleep: (good) 1 2 3 4 5 (poor)

Day 7—Date:

BREAKFAST 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:

Bowel movements (number and consistency):

LUNCH Time:

MIDDAY SNACK Time:

Hours of sleep:

DINNER Time:

NIGHTTIME SNACK Time:

Quality of sleep: (good) 1 2 3 4 5 (poor)