



# DIET & NUTRITION JOURNAL

The goal of a diet & nutrition journal is to get a snapshot of your current dietary patterns and habits. This type of self-reflection can be very useful in our work together, but it is important that your journaling is reflective of your typical eating pattern. Please be as honest and accurate as you can, as the information you provide will better reflect on your eating habits.

## HERE ARE THE GUIDELINES:

- You will be recording *everything* you EAT and DRINK for 3 days. You should choose days that will be TYPICAL for your current eating & lifestyle pattern - *ideally* 2 weekdays and 1 weekend day.
- You will use the journals provided to write down all meals, snacks, beverages, and supplements you consume. You will note the **time of day** you are eating or drinking as well as the **quantity** and as much detail as possible. For example:
  - When you record supplements (i.e. vitamins, minerals, protein powders, sport supplements, shakes, etc.), please include the **name of the supplement** and the **amount** you take.
  - When you record beverages, note the **volume** of the beverage as well as the **type/source/brand/flavor**, etc. Remember 1 cup = 250mL = 8 fluid oz
  - When you record foods, note the **estimated serving size** using the images below.

### PROTEIN

1 serving = 3 oz  
~ the size of the palm  
of your hand



### CARBS

#### FRUIT, GRAINS & COOKED/STARCHY VEGGIES

1 serving = ½ cup  
~ the size of your cupped palm



### FATS

1 serving = 1 tablespoon  
~ the size of your thumb



### RAW VEGGIES

1 serving = 1 cup  
~ the size of your fist



- Also note the brand of food if purchased **including all condiments, sauces**, etc. that accompanied the meal. If you prepared the meal, include everything added during cooking (cooking oil, butter, etc.).
- Include details like **color** (green or red pepper, white or Rye bread); **cooking style** (grilled, fried, steamed); **source** (fresh, frozen, dried, canned); **fat content** (skim, 2%, full-fat, lean-ground beef).
- Don't forget to include snacks!

When in doubt ... include more details!

# SAMPLE 1 DAY FOOD RECORD

Below is an *EXAMPLE* of how to keep accurate records.

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

TIME/EVENT	FOOD, DRINK, SUPPLEMENTS	SERVING SIZE	DETAILS/NOTES/MOOD:
6:00am	Water	16oz	
	Magnesium Glycinate	100mg	
	Vitamin C w/ Quercetin	450mg/250mg	
8:00am	Black coffee	12oz	Home brewed
9:15am	Scrambled eggs	2 eggs; 1 tbsp oil	Regular eggs, cooked with olive oil
	with sausage	2 patties = 1 p. serving	Jimmy Dean Pork Sausage
	Water	16oz	Have been sipping but finished
11:45am	Caesar salad with:	2.5 cups romaine	Non- organic
	Romano cheese	2 tbsp	Deli grated cheese from Giant
	Baked chicken	1 serving	Home baked w/ salt & pepper
	Caesar dressing	1 tbsp	365 Organic Caesar dressing
	Mixed salted nuts	½ cup	Trader Joes Fancy Mix (no peanuts)
	Probiotic	1 capsule	Bio-botanicals Proflora 4R
2:00pm	Water	16oz	
	Banana	1	Medium sizes – just hint of green still
6:00pm	Spaghetti with	1.5 cups	Trader Joes Quinoa & Rice Pasta
	Olive oil	2 tbsp	Mixed on pasta & used to cook onions
	Diced tomatoes & sautéed onion	½ cup + ¼ cup	365 Organic diced tomatoes + garlic salt
	Spinach	2 cups – fresh	Chopped and mixed in with hot pasta
	Water	16oz	
7:00pm	Green Tea	8oz	Brewed from tea bag
	Blackberries	¼ cup	Organic
	Ghirardelli Twilight Delight Squares	2 squares	72%
	Magnesium Glycinate	100mg	
	Vitamin C w/ Quercetin	450mg/250mg	

Was this a typical day?  Yes  No Did you take all supplements/medication as prescribed?  Yes  No – forgot my multiVit

Bowel movements? Note the time and description (hard, soft, well-formed)

**6:30am** – some hard then, soft & well-formed

**7:10am** - soft & well-formed

SLEEP & RELAXATION	EXERCISE & MOVEMENT	EMOTIONAL
Sleep Quantity: <u> 7 </u> (hours) Sleep Quality: <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good Meditation/relaxation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Notes:</b> Hard time falling asleep but otherwise ok; 3-minute meditation	Did you get any movement today? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? <u> 35 </u> Type: <input checked="" type="checkbox"/> Aerobic <input type="checkbox"/> Strength <input type="checkbox"/> Flexibility <b>Notes:</b> Dancing/aerobics	How did you feel today? <input type="checkbox"/> Happy <input checked="" type="checkbox"/> Content <input type="checkbox"/> Sad <input type="checkbox"/> Anxious <input type="checkbox"/> Stressed out <input type="checkbox"/> Grateful <input type="checkbox"/> _____ <b>Notes:</b> My mood was pretty good today and I felt productive at work





