

Diet Check Record Sheet

NAME: _____

Day # _____

FOOD INTAKE List all foods & drinks consumed	REACTIONS TO YOUR METABOLIC TYPE® DIET		
		GOOD REACTIONS	BAD REACTIONS
TODAY'S DATE: _____		<i>Place a check to the left of all descriptions that describe your experience 1 - 2 hours after each meal</i>	
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"
	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"/> 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"
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"/> 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"
	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 below how you felt overall today from your MT Diet. Did you do well or poorly on it?