

Please provide a 24-hour journal of your typical meals over a span of 7 days.

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Full name:

Date of application:

(yyyy-mm-dd):

!!! *Always remember that health is the goal, weight loss is a nice side effect.* !!!

This is a basic food assessment which will aid in repairing health. More days allow for a higher quality assessment, and please be truthful. This journal is not meant to judge; it is a diagnostic tool to assess the diet based on the sciences of the food consumed and their reaction to the body. Recommendations will be made based on science alone. This is not a food recall—it is a food journal that is done exactly at the time of meals.

NOTE: Always read ingredients lists. Try to list ingredients if possible, and please include if they are pre-packaged, fast food, or other important information. It is very difficult when people don’t know what ingredients are good and which are bad, so clear pictures of ingredient labels helps the food counselor to identify what is in foods.

It is best to provide photos of each and every meal, snack, drink, or otherwise ingested food throughout the day. Keeping a reminder to do this is helpful. This allows a better assessment and helps you keep track of what you were eating, specifically. This also allows visual guestimates of food amount for coaches and counselors; placing something down like a dollar or quarter can help with measurements of the food amount.

OPTIONAL

An online tracking program such as MyFitnessPal will give a rough idea of macronutrient content if this is something you are willing to do. This is not entirely necessary to do but helps with food assessment. You are not required to carry around measuring utensils or determine food size.

This is an expandable form. Simply type your information into the boxes next to the labels and it will automatically drop down to allow for more comments. Do not print off, as this will reduce the efficiency and make very small, inconvenient boxes—this form is meant to be digital. Be sure to include as much information as possible to allow for accuracy. Scanned medical papers or screenshots of food charts are acceptable to add as an attachment.

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Date:

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| --- | --- | --- |
| Breakfast |  | Fat:  Carb:  Protein: |
| Lunch |  | Fat:  Carb:  Protein: |
| Dinner |  | Fat:  Carb:  Protein: |
| Snacks |  | Fat:  Carb:  Protein: |

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