

# Daily Food/Beverage Checklist

*Print seven copies and use one for each day.*

**Begin Date:** \_\_\_\_\_ **Day:**        **1**    **2**    **3**    **4**    **5**    **6**    **7**

*Write down all food and beverage intake throughout the week, including water. Note time each meal, snack, or beverage was eaten. Highlight vegetables and fruit.*

Meal	Time:	<b>Rank Energy on a scale of 1–10</b> 1 is low/weak; 10 is high/strong. <i>Note Related Feeling:</i> Energized? Satisfied? Sluggish? Tired? Hungry?	<b>Note Body Symptoms:</b> Watery eyes. Runny nose. Sneezing. Coughing. Itchy skin. Sleepy. Other.
Breakfast		While Preparing and Eating:	
Foods:		After 10 Mins:	
Beverages:		After 60 Mins:	
Snack		While Preparing and Eating:	
Foods:		After 10 Mins:	
Beverages:		After 60 Mins:	
Lunch		While Preparing and Eating:	
Foods:		After 10 Mins:	
Beverages:		After 60 Mins:	
Snack		While Preparing and Eating:	
Foods:		After 10 Mins:	
Beverages:		After 60 Mins:	
Dinner		While Preparing and Eating:	
Foods:		After 10 Mins:	
Beverages:		After 60 Mins:	
Snack		While Preparing and Eating:	
Foods:		After 10 Mins:	
Beverages:		After 60 Mins:	

Total water consumption today:

Note food sensitivities or allergy patterns:

## **Food/Beverage Patterns Recap**

*At the end of the week, note any patterns you discovered.*

<b>1</b>	<b>Are you happy with what you are eating and drinking? Yes/No. Describe.</b>
<b>2</b>	<b>How have you been feeling ten and sixty minutes after eating?</b>
<b>3</b>	<b>Are you drinking enough water daily? Yes/No. Describe.</b>
<b>4</b>	<b>What correlations did you notice between food and body symptoms? Describe.</b>
<b>5</b>	<b>Did you discover/become aware of/notice any food sensitivities? Describe.</b>
<b>6</b>	<b>What did you notice about your prosperity this week (discounts, bonuses, gifts, more/less income, higher/lower expenses, etc.)?</b>
<b>7</b>	<b>Are there any food/beverage patterns you would like to shift?</b>