

# 28-DAY GO AHEAD AND EAT CLEANSE FOOD DIARY





## **FOOD DIARY**

Just because food is healthy does not mean it is healthy for you. For this reason, it's critical to your success to track your meals and record how you feel after eating in this Food Diary. If you want to buy a journal or track your meals on your iPhone, you can do that too. I suggest tracking your meals from the beginning of the program.

When consuming a food, look for reactions such as:

- Digestive imbalances
- Headaches or neck pain
- Sinus issues or congestion
- Varying energy levels
- Changing skin color or skin rashes
- Interrupted sleep or inability to stay asleep
- Joint pain, inflammation, or swelling in the fingers

If you experience a reaction, remove the food from your diet for seven days and then reintroduce and see if you still have a reaction. If you do, then remove that food from your diet.



#### PHYSICAL Symptoms are bodily sensations.

- 1. **Clues for imbalance:** headaches, stomach pain, muscle cramps, coughing, fatigue, insomnia, restlessness, shakiness, muscle weakness, poor concentration, pale skin coloring
- 2. **Clues for balance:** bright eyes, hunger, stamina, natural deep breathing, high energy, restful sleep, focus, alertness, strength, good attention span, good color

#### EMOTIONAL symptoms may be a little harder to notice.

- 1. **Clues for imbalance:** anxious, bored, scared, mad, sad, depressed, scattered, restless, irritable, agitated, hyper
- 2. **Clues for balance:** confident, excited, energized, humorous, happy, interested, focused, calm, relaxed, easygoing, patient



### **FOOD DIARY**

WHEN	FOOD	HUNGER LEVEL	SITUATION	COMMENTS
(date, time)	(preparation, how much)	(0-5)	(place, activity)	(emotional, physical, mood)
PRE-BREAKFAST				
BREAKFAS	Т			
A.M. SNAC	CK(S)			
LUNCH				
P.M. SNAC	CK(S)			
DINNER				
EVENING S	SNACK(S)			

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