

Fuel for Long Lasting Overall Health

Date: ______ Name: _____



Your daily nutrition journal is used to record the types and amounts of food and drinks that you consume daily. My motto: *"If you bite it, write it!"* Be honest with yourself.

Inspirational Quote: *"To know what has to be done, then do it, comprises the whole philosophy of practical life."* – Sir William Osier

Make notes of any stressful situations, feelings (excited, motivated, defeated, floundering, etc), hunger and satiety cues or questions you may have. Fill out the journal for 1-2 weeks.

Goal setting

Make goals that are S.M.A.R.T. (specific, measurable, attainable, realistic, and can be achieved within the estimated time frame). Think about it! These goals will help you to stay focused and keep you on track.

Nutrition Related goals:

 1.

 2.

3. _____

Other notes:

By: Courtney Walberg, RD, NASM-CPT CWnutritionforbodyandmind.com

Sample

Day: <u>1/15/2010</u>

Meal or Snack	Time	Intake: Food / Drink (please be specific regarding amounts: cups or ounce equivalents)
Breakfast	7 am	1 cup steel cut oatmeal, 1/2 cup organic blueberries, 1 cage free hard boiled egg, 8-12 oz. water, 1 cup black coffee
Snack	10 am	Medium sized apple and 2 tbsp. almond butter
Lunch	1pm	Thai chicken wrap in whole wheat tortilla, side salad with mixed greens, tomatoes, cucumbers and balsamic vinegar, 8 oz. unsweetened iced tea
Snack	3:30pm	1 low fat mozzarella string cheese and 1 oz. whole wheat crackers
Dinner	6:30pm	3 oz. grilled salmon, 1/2 cup cooked spinach, 1/2 cup brown rice with 1 tbsp. olive oil
Snack	9 pm	1 cup nonfat Greek yogurt and mixed fruit bowl (1/2 banana, 1/2 cup strawberries and raspberries mixed)

- <u>Water (cups per day)</u>: 7 (Goal 8 cups per day)
- <u>Skipped meal(s)?</u> Yes, I skipped breakfast because I was running late to work. (Goal is to not skip meals)
- <u>Dinned at a fast food restaurant?</u> No, I didn't have a craving this week. (It is okay to dine out. Goal is to choose food items wisely and eat in moderation).
- <u>Late night eating?</u> Yes, I was out with friends and had chicken wings at 11pm. (It is not horrible to eat late if you are actually hungry. However, choose lighter food items in moderation instead of the heavy, greasy foods that leave you feeling overly full and uncomfortable before bed)
- <u>Notes (feelings, concerns, questions, hunger cues)</u>: I'm trying hard to eat more fresh vegetables. Am I using too much butter? Which foods are considered refined sugars? Oftentimes I feel too full after eating.

Day:

(Make copies of this sheet depending on how many days you want to record). For initial evaluation, I recommend 1-3 days. Discipline is key. Good Luck!

Meal or Snack	Time	Intake: Food / Drink (please be specific regarding amounts: cups or ounce equivalents)
Breakfast		
Snack		
Lunch		
Snack		
SHACK		
Dinner		
Snack/Dessert		

- <u>Water (cups per day)</u>:
- <u>Skipped meal(s)?</u>
- <u>Dinned at a fast food or other restaurant?</u>
 - Which restaurant (type of food) and what did you order?
- <u>Late night eating?</u>
- <u>Notes (feelings, concerns, questions, hunger cues)</u>:

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