

Food Intake List all foods & drinks consumed		Fine Tune Your Diet			
Today's Date:		Place a check to the left of all descriptions that describe your experience 1-2 hours after each meal			
Meal: Breakfast Lunch Dinner (circle one)	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, felt like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
Foods Consumed:	Energy Levels	<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
		<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
	Energy Levels	<input type="checkbox"/>	Have good lasting "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>	Energy tanked from meal-exhaustion, sleepiness, drowsiness, listlessness or lethargy	<input type="checkbox"/>	Felt hyper but exhausted underneath
		<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow
	Mind Emotions Well-Being	<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 process	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
		<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful angry or irritable