

# Apex Health

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[www.apexhealthnh.com](http://www.apexhealthnh.com)

## Food Journal

This document is provided to allow for the tracking of food and nutrient intake in ones daily life. Due to modern farming methods, depletion of crop nutrients, increase in the use of chemical fertilizers and pesticides, increased exposure to manmade chemicals (especially in food) and the consistent rise in ones daily stress; It has become imperative to evaluate the nutrient levels and balance in a person's life making sure they are taking in all necessary nutrients to maintain and create radiant health.

Please fill out the following Record of Food Intake to the best of your ability, use common measurements when estimating the amount of a food that you have consumed in your day. This handout is for getting an idea of what a NORMAL DAY in your life is, please do not, all of a sudden have the "best diet ever" just for this exercise. Cheating on this form is only cheating yourself, be honest so you can see what your actual nutritional status is. Please give a brief summary of your day under the area listed as "Day in Review". Below are some tips for estimating portion sizes:

- 3 oz. of meat is as big as a deck of playing cards.
- 1 ounce of cheese is about size of your thumb.
- 1 cup is equal to the size of a baseball.
- A teaspoon is the tip of the thumb to the first joint.
- A tablespoon is three thumb tips.

If you would rather you may use a food scale to quantify your days. Please measure in grams if doing so as this will make it the most accurate and easiest while entering it online.

Once you have completed 7 days of the food journal **please enter your results at [cronometer.com](http://cronometer.com)** (you will have to sign up for a free account). Once the information is complete this site will provide complete nutritional breakdowns for your day and week, including pie charts and vitamin/mineral intake. **Please print out the info provided from the site** on the least amount of paper possible and make sure to bring it to your next visit or mail it to the clinic. If you have any questions or concerns please do not hesitate to call the clinic.

**RECORD OF DAILY FOOD TAKE**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please use common measurements (gram, ounce, tsp, Tbsp, cup etc. Whole and Slice are acceptable too)

**Breakfast**

**Time:**

Qty	Measure	Food	Mood Before	Mood After

**Lunch**

**Time:**

Qty	Measure	Food	Mood Before	Mood After

**Dinner**

**Time:**

Qty	Measure	Food	Mood Before	Mood After

**Snacks**

Qty	Measure	Food	Time	Mood

Amount of Water Consumed in your day (ounces please): \_\_\_\_\_

Hours of Sleep: \_\_\_\_\_

Quality of Sleep? \_\_\_\_\_

Did you awake refreshed? \_\_\_\_\_

Day In Review:

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How Did I do Today? Excellent Great Good Ok Not Good Very Bad

Number of bowel movements today? \_\_\_\_\_

Consistency? \_\_\_\_\_

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Date: \_\_\_\_\_

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**Dinner**

Time: \_\_\_\_\_

Qty	Measure	Food	Mood Before	Mood After

**Snacks**

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