













**List all foods and drinks consumed. Assess yourself 30 minutes to 2 hours after eating**  
(**"xs"**=excess, **"F"**=Fat, **"P"**=Protein, **"C"**=Carbs)

What did you eat?	What was your ratio?	Assess Your...	Your Body's Positive Reactions	Your Body's Negative Reactions
Meal Details:	<p><b>Protein Type</b></p>  <ul style="list-style-type: none"> <li><span style="color: blue;">■</span> Protein</li> <li><span style="color: red;">■</span> Carbs</li> <li><span style="color: green;">■</span> Fats</li> </ul>	Satisfaction	<input type="checkbox"/> Feel full & content <input type="checkbox"/> No sweet cravings <input type="checkbox"/> No need for snack	<input type="checkbox"/> Physically full BUT still hungry (xs F/P) <input type="checkbox"/> Desire for something sweet (xs F/P) <input type="checkbox"/> Need to snack (xs C, not enough food)
	<p><b>Carb Type</b></p>  <ul style="list-style-type: none"> <li><span style="color: blue;">■</span> Protein</li> <li><span style="color: red;">■</span> Carbs</li> <li><span style="color: green;">■</span> Fats</li> </ul>	Energy	<input type="checkbox"/> Feel recharged <input type="checkbox"/> No feeling of crashing <input type="checkbox"/> Energy is even, not radically up/down	<input type="checkbox"/> Energy has not improved (xs F/P) <input type="checkbox"/> Feel wired but tired (xs C) <input type="checkbox"/> Need a nap (xs C)
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### What did I learn from these 2 meal assessments?

\*\*This is not recommended for treatment of any disease and/or condition. It is recommended that you consult with your doctor or physician for any medical concerns and changes to your lifestyle for improved health.