

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>Protein Type</p> <p>■ Protein ■ Carbs ■ Fats</p>	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>Carb Type</p> <p>■ Protein ■ Carbs ■ Fats</p>	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)
	<p>Mixed Type</p> <p>■ Protein ■ Carbs ■ Fats</p>	Mood	<input type="checkbox"/> Feel uplifted <input type="checkbox"/> Mind is clear, no fog <input type="checkbox"/> Can easily put words and thoughts together	<input type="checkbox"/> Feel anxious/irritable (xs C) <input type="checkbox"/> Mind is cluttered or foggy (xs C) <input type="checkbox"/> Stomach feels heavy (xs F/P)

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**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.