

# Diet Symptom Journal (DSJ)

Today's Date:

Your Name:

Rate your sleep last night: Poor -5 -4 -3 -2 -1 0 +1 +2 +3 +4 +5 Good

FOOD INTAKE List all food & drink	Symptoms and Reactions					
	Record your symptoms (in every cell below) before eating (C) and after eating (D), including new symptoms. Compare symptoms "After" (D) to "Before"(C) and circle correct description in (E) and (F). Summarize in (G).					
		BEFORE	1-2 HOURS AFTER	BETTER	WORSE	OVERALL
A	B	C	D	E	F	G
BREAKFAST	Appetite			not hungry	still hungry	OVERALL  Better  Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
SNACK	Appetite			not hungry	still hungry	OVERALL  Better  Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
LUNCH	Appetite			not hungry	still hungry	OVERALL  Better  Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
SNACK	Appetite			not hungry	still hungry	OVERALL  Better  Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
DINNER	Appetite			not hungry	still hungry	OVERALL  Better  Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	
SNACK	Appetite			not hungry	still hungry	OVERALL  Better  Worse
	Cravings			less craving/none	still cravings	
	Physical			better, improved	same or worse	
	Energy			better, improved	same or worse	
	Mind			better/improved	same or worse	
	Emotions			better/improved	same or worse	

# Fine-Tuning Your Diet – Guidelines

In order to maximize your energy production (and thereby your biochemical balance and metabolic efficiency) you need to adhere to *both* sides of The Diet Coin: 1) You need to eat the right foods for your metabolic type (fuel type), *and* 2) You need to “fine-tune” your diet to get the proper Protein+Fat to Carbohydrate Ratio at each meal (fuel mixture). This will assure that your food will be fully converted into energy by your cells (your body’s engines of metabolism).

The following chart interprets your *body language* and tells you how well you do at any given meal at giving your body what it needs. Basically, your body communicates to you in 3 different ways: 1) through your appetite and cravings, 2) through your energy levels, and 3) through your mental and emotional well-being. *Within 1–2 hours after eating the proper foods for your Metabolic Type (restricting any known reactive foods), you should feel noticeably better than before you ate.* If you feel worse, something is wrong.

If you find that within an hour or so after eating, you only place checkmarks in the boxes in the **RIGHT Protein+Fat:Carb Ratio** column, then you likely did a very good job at meeting your body’s needs at your last meal. On the other hand, if any of the traits listed in the **WRONG Protein+Fat:Carb Ratio** column occur, then you very likely ate the wrong ratio of proteins + fats to carbohydrates at that meal. If you consistently experience any traits in the Wrong column at a given meal, first try increasing the amount of protein and fat at that meal each day. If you find that there is a worsening or no improvement in a few days, reduce your protein and fat to where you started and try increasing the amount of carbohydrates instead. After you find the ratio that makes you feel your best at a meal, stick with that ratio for that meal thereafter. Follow the same procedure for each meal and snack until you find the correct ratios.

**Make copies of the Diet Check Record Sheet** (included in your diet plan materials) and use it daily to quickly and easily check your meals and fine-tune your diet to your unique requirements. In a short while, you’ll no longer need to refer to the list. It will all be “second nature” to you. Like adjusting a radio dial to tune in a station, you can adjust your protein+fat:carbohydrate ratio to maximize your energy and well-being from your diet. Remember, too, to **eat before you get hungry** to maintain an even blood sugar all day long.

CATEGORY	RIGHT PROTEIN+FAT : CARB RATIO	WRONG PROTEIN+FAT : CARB RATIO
<b>APPETITE</b>  <b>FULLNESS / SATISFACTION</b>  <b>SWEET CRAVINGS</b>	<u>Following the meal . . .</u> Feel full, satisfied Do NOT have sweet cravings Do NOT desire more food Do NOT get hungry soon after Do NOT need to snack before next meal	Following the meal... Feel physically full, but still hungry Don't feel satisfied; feel like something was missing from meal Have desire for sweets Feel hungry again soon after meal Need to snack between meals
<b>ENERGY LEVELS</b>	<u>Normal energy response to meal:</u> Energy is restored after eating Have good, lasting, “normal” sense of energy and well-being	Poor energy response to meal: Too much or too little energy Became hyper, jittery, shaky, nervous, or speedy Feel hyper, but exhausted “underneath” Energy drop, fatigue, exhaustion, sleepiness, drowsiness, lethargy, or listlessness
<b>MENTAL</b>  <b>EMOTIONAL</b>  <b>WELL-BEING</b>	<u>Normal qualities:</u> Improved well-being Sense of feeling refueled and restored Upliftment in emotions Improved clarity and acuity of mind Normalization of thought processes	Abnormal qualities: Mentally slow, sluggish, spacy Inability to think quickly or clearly Hyper, overly rapid thoughts Inability to focus/hold attention Hypo traits: Apathy, depression, or sadness Hyper traits: Anxious, obsessive, fearful, angry, short, or irritable, etc.

# Diet Check Record (DCR)

NAME: \_\_\_\_\_

Day # \_\_\_\_\_

FOOD INTAKE List all foods & drinks consumed	REACTIONS TO YOUR METABOLIC TYPE DIET				
	GOOD REACTIONS	BAD REACTIONS			
TODAY'S DATE: _____	<i>Place a check to the left of all descriptions that describe your experience 1 - 2 hours after each meal</i>				
Time ____:____  BREAKFAST	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, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<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 processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
	<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable	
Time ____:____  LUNCH	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, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<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 processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
	<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable	
Time ____:____  DINNER	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, feel like something was missing
		<input type="checkbox"/>	Do NOT feel hungry	<input type="checkbox"/>	Already hungry
		<input type="checkbox"/>	Do NOT need to snack before next meal	<input type="checkbox"/>	Feel the need for a snack
	ENERGY LEVELS	<input type="checkbox"/>	Energy feels renewed	<input type="checkbox"/>	Meal gave too much or too little energy
		<input type="checkbox"/>	Have good, lasting, "normal" sense of energy	<input type="checkbox"/>	Became hyper, jittery, shaky, nervous or speedy
		<input type="checkbox"/>		<input type="checkbox"/>	Felt hyper, but exhausted "underneath"
		<input type="checkbox"/>		<input type="checkbox"/>	Energy tanked from meal – exhaustion, sleepiness, drowsiness, listlessness or lethargy
	MIND EMOTIONS WELL-BEING	<input type="checkbox"/>	Improved well-being	<input type="checkbox"/>	Mentally slow, sluggish, or spacy
		<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 processes	<input type="checkbox"/>	Apathy, depression, withdrawal or sadness
	<input type="checkbox"/>		<input type="checkbox"/>	Anxious, obsessive, fearful, angry or irritable	

Describe in the space below how you felt overall today from this diet. Did you do well or poorly on it?