

1. Brien Shamp Nutrition Record Sheet



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This nutrition record sheet is designed for you to assess how you feel after each meal. The record sheet for each meal should be completed 1-2 hours after each meal and the final questionnaire at the end of the day. Select the answer that best describes how you are feeling in each multiple choice question. All questions should be answered.

Proteins: 1 Serving = A Deck of Cards = 3 OZ

Carbs (Veggies/Bread): 1 Serving = 1 Fist

Fats: 1 Serving = 1 TBSP

You will need this blank questionnaire to use daily. When you first open this PDF file, click on File > Save As > then type in a new name, ideally the date (i.e. 12-03-2014) and then choose "Save". This will create a copy of this document on your computer and preserve the blank for future days.

When you have completed the questionnaire, please email it to Brien at beschamp@brienshamp.com, then save your copy on your computer in the folder of your choice for future reference.

1. Your full name:

2. Today's date:

2. Breakfast Assessment

1. Did you eat breakfast?

- Yes
- No

2. Enter the time you ate breakfast:

3. List all the foods that you ate for breakfast including beverages and condiments (sugar, salt, spices).

4. Hunger Level:

	Not at all	Maybe a little	I could eat more	I'm hungry now	I'm starving!
Hunger Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

5. Cravings level:

	No sweet cravings	A little craving for something sweet	Definitely want something sweet
Cravings Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

6. Energy Level:

	Energy feels renewed	Good, lasting energy	Too much energy (jittery, hyper, etc.)	Not enough energy	Felt hyper/pumped but exhausted underneath	Energy dropped (tired, listless, lethargic)
Energy level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

7. Overall Well-Being

	Improved, renewed	Emotionally uplifted	Improved mental clarity	Normalized thought processes	Mentally sluggish, slow, spaced out	Hyper overly rapid thoughts	Apathy, depression, withdrawal or sadness	Anxious, obsessive, fearful, angry or irritable
Overall well-being:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

3. Morning Snack Assessment

1. Did you eat a snack this morning?

- Yes
 No

2. Enter the time you ate your morning snack:

3. List all the foods that you ate for morning snack including beverages and condiments (sugar, salt, spices).

4. Hunger Level:

	Not at all	Maybe a little	I could eat more	I'm hungry now	I'm starving!
Hunger Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

5. Cravings level:

	No sweet cravings	A little craving for something sweet	Definitely want something sweet
Cravings Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

6. Energy Level:

	Energy feels renewed	Good, lasting energy	Too much energy (jittery, hyper, etc.)	Not enough energy	Felt hyper/pumped but exhausted underneath	Energy dropped (tired, listless, lethargic)
Energy level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

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	Improved, renewed	Emotionally uplifted	Improved mental clarity	Normalized thought processes	Mentally sluggish, slow, spaced out	Hyper overly rapid thoughts	Apathy, depression, withdrawal or sadness	Anxious, obsessive, fearful, angry or irritable
Overall well-being:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

4. Lunch Assessment

1. Did you eat lunch?

- Yes
 No

2. Enter the time you ate lunch:

3. List all the foods that you ate for lunch including beverages and condiments (sugar, salt, spices).

4. Hunger Level:

	Not at all	Maybe a little	I could eat more	I'm hungry now	I'm starving!
Hunger Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

5. Cravings level:

	No sweet cravings	A little craving for something sweet	Definitely want something sweet
Cravings Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

6. Energy Level:

	Energy feels renewed	Good, lasting energy	Too much energy (jittery, hyper, etc.)	Not enough energy	Felt hyper/pumped but exhausted underneath	Energy dropped (tired, listless, lethargic)
Energy level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

7. Overall Well-Being

	Improved, renewed	Emotionally uplifted	Improved mental clarity	Normalized thought processes	Mentally sluggish, slow, spaced out	Hyper overly rapid thoughts	Apathy, depression, withdrawal or sadness	Anxious, obsessive, fearful, angry or irritable
Overall well-being:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

5. Afternoon Snack Assessment

1. Did you eat a snack this afternoon?

- Yes
 No

2. Afternoon Snack Date & Time:

3. List all the foods that you ate for your afternoon snack including beverages and condiments (sugar, salt, spices).

4. Hunger Level:

	Not at all	Maybe a little	I could eat more	I'm hungry now	I'm starving!
Hunger Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

5. Cravings level:

	No sweet cravings	A little craving for something sweet	Definitely want something sweet
Cravings Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

6. Energy Level:

	Energy feels renewed	Good, lasting energy	Too much energy (jittery, hyper, etc.)	Not enough energy	Felt hyper/pumped but exhausted underneath	Energy dropped (tired, listless, lethargic)
Energy level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

7. Overall Well-Being

	Improved, renewed	Emotionally uplifted	Improved mental clarity	Normalized thought processes	Mentally sluggish, slow, spaced out	Hyper overly rapid thoughts	Apathy, depression, withdrawal or sadness	Anxious, obsessive, fearful, angry or irritable
Overall well-being:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

6. Dinner Assessment

1. Did you eat dinner?

- Yes
 No

2. Enter the time you ate dinner:

3. List all the foods that you ate for dinner including beverages and condiments (sugar, salt, spices).

4. Hunger Level:

	Not at all	Maybe a little	I could eat more	I'm hungry now	I'm starving!
Hunger Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

5. Cravings level:

	No sweet cravings	A little craving for something sweet	Definitely want something sweet
Cravings Level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

6. Energy Level:

	Energy feels renewed	Good, lasting energy	Too much energy (jittery, hyper, etc.)	Not enough energy	Felt hyper/pumped but exhausted underneath	Energy dropped (tired, listless, lethargic)
Energy level:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

7. Overall Well-Being

	Improved, renewed	Emotionally uplifted	Improved mental clarity	Normalized thought processes	Mentally sluggish, slow, spaced out	Hyper overly rapid thoughts	Apathy, depression, withdrawal or sadness	Anxious, obsessive, fearful, angry or irritable
Overall well-being:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Notes:

7. Final Questionnaire

1. How much water did you drink today? Please specify whether the amount is in cups or ounces.

2. What was the source of the water you drank? (i.e. bottled spring water, reverse osmosis, tap, etc.)

3. Did you consume additional beverages?

Yes

No

***4. If YES, what else did you drink & how much? Please specify if it is in cups or ounces.**

5. Did you experience any digestive problems after any meals (i.e. bloating, gas, GERD)?

Yes

No

6. What time did you go to bed last night?

7. What time did you get up this morning?

8. How did you sleep last night?

Soundly

Restless

9. Did you awake during the night?

Yes

No

10. If you did wake up during the night, describe the reason:

11. Did you have night sweats?

Yes

No

12. Did you wake up refreshed or tired?

- Refreshed
- Tired

13. Are you a slow starter in the morning?

- Yes
- No

14. If YES, how long does it take to feel alert each morning?

15. How did you feel overall today from this diet? Did you do well or poorly on it?

16. Did you get any exercise?

- Yes
- No

17. If YES, describe the time you exercised, the type and duration:

18. Did you get any relaxation?

- Yes
- No

19. NO If YES, describe the type and duration:

20. Did you journal your challenges, gratitude and positive experiences?

- Yes
- No