



Daily Patterns Log for Conscious Sol Clients:

(print out this 1st page template for the 7 days and record info. In boxes)

Please log everything you eat and drink, and be specific. For example: list the timing of your meals, how often you might skip a meal, what kinds of proteins, breads, veggies, fruits, drinks, salad dressings & any sweeteners that you use. Be VERY specific and honest regarding quantities!

WEEK #: _____ Day #: _____

I got up at: _____ AM

Breakfast: _____ (time) AM

Food			Drink	

Mid-morning snack: _____ (time) AM

Food			Drink	

Lunch: _____ (time) AM / PM

Food			Drink	

Mid-afternoon snack: _____ (time) PM

Food			Drink	

Dinner: _____ (time) PM

Food			Drink	

Evening Snack: _____ (time) PM

Food			Drink	

Time went to Bed: _____ PM/AM Hours of sleep: _____ Woke up at: _____ (PM/AM) Why: _____

PLEASE Fill this out and email back:

Do you use salt: yes no Brand of salt: _____ How much salt: (shakes or tsp) _____

Do you use condiments? yes no What type: _____

Any patterns or challenges with foods that would be good for me to know about?

I go to bed at: _____ PM and wake up in the morning: _____ AM

I wake up at night: _____ times, for the reasons of: _____

I drink _____ ounces of water per day/glasses. Type of water: _____

I consume _____ ounces of alcohol per day and Type: _____

I smoke _____yes _____no What do you smoke: tobacco or marijuana or cloves or OTHER: _____

Artificial Sweeteners? yes no What types and how much? _____

Sugars (types and quantity): _____

Do you drink liquids with your meals? yes no Type: _____

Do you mix proteins with carbs? (meat, potatoes, rice, etc.) yes or no

Do you eat dessert after your meal? yes no How many hours after? _____

Please list any nutritional vitamins, herbs, supplements or medications taken during this week (include dosage):

Please email and return to our office: jodi@conscioussol.com
Any other questions please call or email!