



Exhaust Recover Build
Wellbeing



FOOD DIARY



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KEY INFORMATION

- THIS FOOD DIARY IS A WEEKLONG. THERE ARE INSTRUCTIONS ON HOW TO FILL IT OUT BELOW.
- IF YOU ARE INTERESTED IN THE PERSONAL NUTRITION PLAN THEN THIS FOOD DIARY NEEDS TO BE SENT BACK ONCE COMPLETED IN ORDER TO BE REVIEWED. ONCE IT HAS BEEN REVIEWED A TAILORED PLAN WILL BE SENT TO YOU. THIS PROCESS CAN TAKE BETWEEN **1-4** DAYS AFTER RECEIVING THE FOOD DIARY.
- ONCE YOU HAVE SENT THE FOOD DIARY AN EMAIL WILL BE SENT TO YOU TO CONFIRM THAT YOUR FOOD DIARY HAS BEEN RECEIVED.

SUGGESTION

WHEN OUT AND ABOUT MAKE A NOTE OF WHAT YOU ARE EATING ON YOUR PHONE OR ON A PIECE OF PAPER SO THAT YOU DO NOT FORGET. THAT WAY IT CAN ALL BE RECORDED WHEN YOU GET HOME- EASY PEASY!

WHAT IS INCLUDED IN THE PLAN?

THE PLAN WILL BE AN ANALYSIS OF YOUR WEEKLY FOOD INTAKE, THE GOODS AND THE BADS.

TIPS ON HOW YOU CAN SHOP EFFICIENTLY TO SHOW EATING WELL DOES NOT HAVE TO COST A FORTUNE.

A **2** WEEK MEAL PLAN GIVEN TO YOU: ONE WITH THE USE OF SUPPLEMENTATION (PROTEIN SHAKES) AND ONE WITHOUT SUPPLEMENTATION.

IMPORTANT

A FULL **12** WEEK MEAL PLAN CAN BE REQUESTED. THE REASON IT IS GIVEN UPON REQUEST IS DUE TO SPECIFIC TAYLORING TO YOUR GOAL I.E. EATING MORE FOR BULKING UP, EATING LESS FOR LOSING WEIGHT ETC. HAVING A GENERIC **12** WEEK PLAN WILL NOT BE AS EFFECTIVE DUE TO CALORIC NEEDS BEING DIFFERENT AS WEIGHT IS LOST OR GAINED(MUSCLE BUILT OR FAT BURNED). WE WORK OUT OUR CALORIC NEEDS EVERY WEEK BASED UPON THE GOALS SET, CHANGING THE EATING PLAN ACCORDINGLY MEANING YOUR WEIGHT IS LESS LIKELY TO PLATEAU AND THE MOST WILL BE MADE FROM THE PLAN.

WITH TODAY'S BUSY LIFESTYLE: WORK, CHILDREN, GYM ETC; FINDING TIME TO COOK FIVE INDEPENDENT MEALS A DAY IS DIFFICULT. A GOOD WAY TO COMBAT THIS IS TO BULK COOK YOUR MEALS, WHICH CAN BE INCORPERATED INTO YOUR PLAN.

FOR THOSE WHO ENJOY AN ACTIVE SOCIAL LIFE, EATING OUT WHILE ON A DIET CAN POSE ISSUES. THE TAYLORED TWELVE WEEK PLAN WOULD GIVE ADVICE ON WHAT TO EAT OUT TO ENSURE YOU DO NOT CHEAT ON YOUR DIET TOO MUCH! WITH REGARDS TO ALCOHOL AND FIZZY DRINKS, I WOULD RECOMMEND NOT DRINKING THESE DURING THE 12 WEEK PLAN AS THE HAVE ADVERSE EFFECTS ON THE BODY. THIS WILL BE DIFFICULT FOR THOSE WHO ENJOY SOCIAL ACTIVITY, HOWEVER IT WILL HELP YOU TO ACHIEVE YOUR GOALS. IF YOU WOULD LIKE FURTHER INFORMATION WITHIN YOUR PLAN WITH REGARDS TO FIZZY DRINKS AND ALCOHOL (THE BEST OF A BAD BUNCH!) THIS CAN BE REQUESTED AND INCORPORATED.

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INTRODUCTION

NAME:

HEIGHT(CM):

WEIGHT(KGS):

ACTIVITY LEVEL:

ACTIVITY DURATION:

- NOT ACTIVE (NO EXERCISE OTHER THAN DAY TO DAY TASKS)
- SLIGHTLY ACTIVE (1 DAY A WEEK)
- ACTIVE (1-2 DAYS A WEEK)
- HIGHLY ACTIVE (2-4 DAYS A WEEK)
- EXTREMELY ACTIVE (3-6 DAYS A WEEK)

TYPE OF ACTIVITY (WALKING, RUNNING, GYM, SWIMMING):

NUTRITION GOAL (BULK UP, CUT DOWN, REDUCES FAT, EAT HEALTHY):

ALLERGIES:

OCCUPATION:

TYPICAL WORK DUTIES (THIS IS TO DETERMINE HOW LONG YOU SPEND ON YOUR FEET, WALKING AROUND OR SAT AT A DESK I.E. A WAITER IN HOSPITALITY CONSTANTLY ON THEIR FEET MOVING AROUND LIFTING PLATES ETC, WHEREAS FINANCE TYPICALLY AT A DESK WRITING LETTERS SORTING FINANCES ETC):

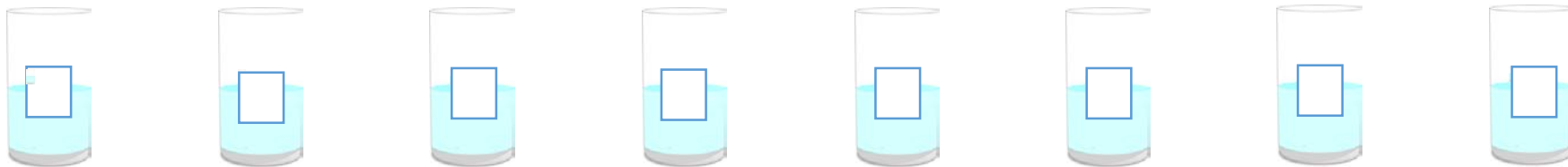
ANY EXISTING MEDICAL PROBLEMS:

CURRENT MEDICATIONS:

FOOD DIARY



EXAMPLE OF HOW TO FILL IN YOUR FOOD DIARY: THE GLASSES EQUATE TO 1PT OF WATER. ROUGHLY ESTIMATE THE AMOUNT OF WATER YOU WILL BE DRINKING. THERE ARE 8 GLASSES BECAUSE YOU SHOULD BE GETTING AT LEAST 8 PINTS OF WATER A DAY. CHECK THE BOX WHEN YOU THINK YOU HAVE DRUNK A PINT OF WATER. WHERE IT SAYS TIME OF MEAL, THIS SHOULD BE EXACTLY THE TIME YOU HAD THE MEAL. IN THE MIDDLE BOX WHERE IT SAYS "MEAL (BE SPECIFIC)" BE AS SPECIFIC AS POSSIBLE, AN EXAMPLE IS CAN BE SEEN BELOW A. WHEN IT COMES TO TALKING ABOUT YOUR MOOD AFTER THE MEAL, SAY HOW THE MEAL MADE YOU FEEL MAKE IT SPECIFIC TO THE MEAL. I.E. IF YOU HAVE A BIG MEAL YOU MAY FEEL TIRED, NOT IF YOU WERE AT DINNER AND YOUR CHILD WAS BEING NOISY AND IT ANNOYED YOU OR IF YOU WENT OUT ON A DATE AND FEEL HAPPY BECAUSE YOU MIGHT BE GETTING LUCKY.



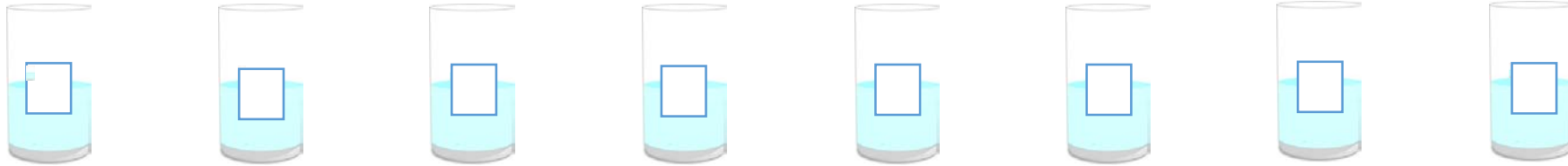
TIME OF MEAL	MEAL (BE SPECIFIC)	FEELINGS AFTER MEAL
12 00	CHICKEN SANDWICH, BROWN BREAD, BUTTER, CUP OF TEA (2 SUGARS)	HUNGRY, FULL, SATISFIED, TIRED?

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DAY 1



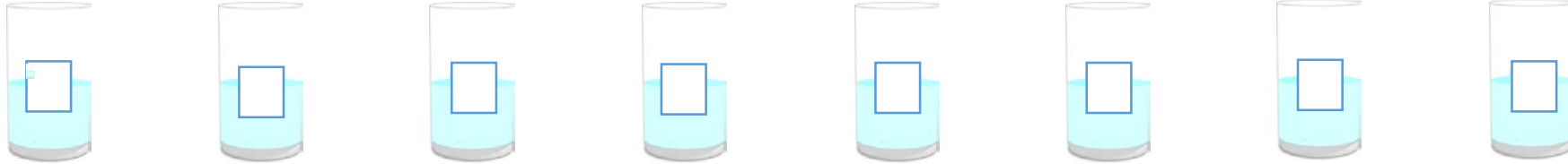
TIME OF MEAL	MEAL (BE SPECIFIC)	FEELINGS AFTER MEAL

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DAY 2



TIME OF MEAL	MEAL (BE SPECIFIC)	FEELINGS AFTER MEAL

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DAY 3



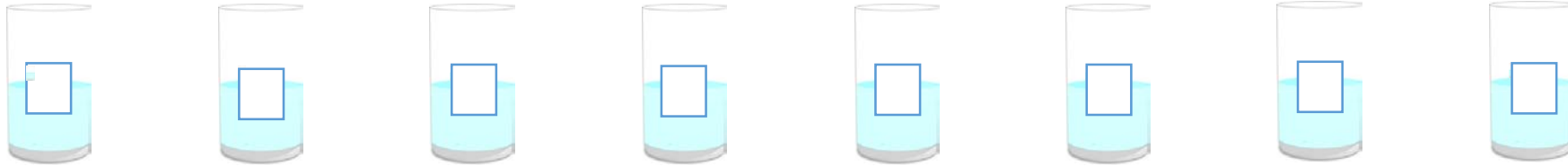
TIME OF MEAL	MEAL (BE SPECIFIC)	FEELINGS AFTER MEAL

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DAY 4

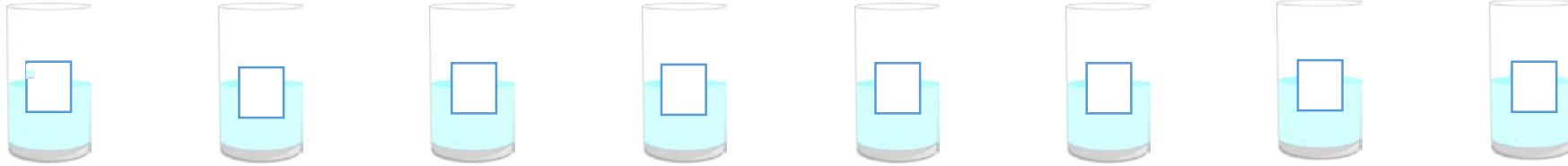


TIME OF MEAL	MEAL (BE SPECIFIC)	FEELINGS AFTER MEAL

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DAY 5

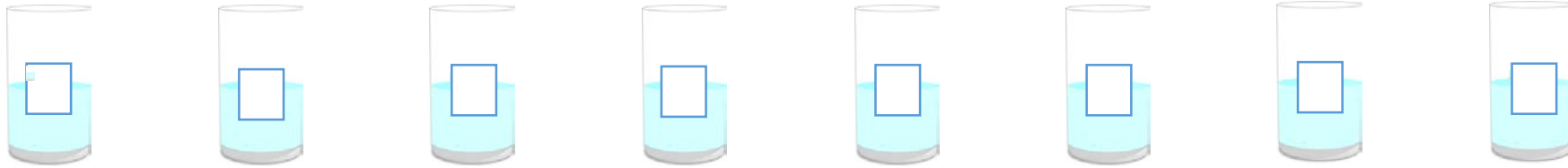


TIME OF MEAL	MEAL (BE SPECIFIC)	FEELINGS AFTER MEAL

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DAY 6



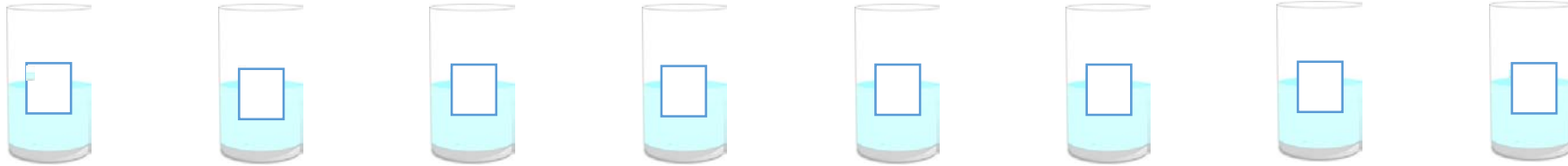
TIME OF MEAL	MEAL (BE SPECIFIC)	FEELINGS AFTER MEAL

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DAY 7



TIME OF MEAL	MEAL (BE SPECIFIC)	FEELINGS AFTER MEAL



LOOKING BACK ON YOUR WEEK OF RECORDING FOOD- HOW DO YOU FEEL ABOUT YOUR DIET?

IS IT OBVIOUS TO YOU WHAT FOOD SHOULD BE CUT OUT OF YOUR DIET? IF SO WHAT?

WHAT KINDS OF BARRIERS ARE THERE TO YOU THAT STOP YOU FROM EATING HEALTHY? I.E. COST, TIME, CONVENIENCE ETC

