

Diet Diary

Name _____
 Week of _____ to _____

(Write down foods, time, and grams of protein consumed.)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Morning Snack							
Lunch							
Afternoon Snack							
Supper							
Bedtime Snack							

Did you eat the following today?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Coconut Oil							
Butter							
Olive Oil							
Whole Milk ¹ (1 quart minimum)							
Eggs (2-4 min.)							
Meat (Red 5x/week)							
Cheeses							
Leafy, Green Vegetables (2 min.)							
Other Colorful Vegetables (2 min.)							
Energy Smoothie							
Unrefined Sea Salt							
Fermented Foods							
Soaked Grains ²							
Bone Broths							
Processed Food							
Trans Fats							
Neurotoxins							

¹ Not pasteurized!

² Other acceptable grains include sourdough and sprouted wheat.