

HOW TO USE YOUR CHINESE MEDICINE FOOD JOURNAL

YOUR KIT INCLUDES:

A BLANK DAILY FOOD JOURNAL PAGE AND A JOURNAL REFERENCE CHART



MAINTAINING A FOOD JOURNAL
HIGHLIGHTS HOW FOOD IS MEDICINE

CREATED BY
THREE PARTS WISDOM PRESS

“If you are able to use food to balance out chronic disorders, release emotions, and chase away disease, you can call yourself an outstanding craftsperson.” Sun Simiao

KEEPING YOUR DAILY FOOD LOG

Your Chinese medicine practitioner can tell a lot about you from what you eat and drink. Maintaining a food journal for a week is a good amount of time to begin to see patterns that might contribute to your chief complaint. If seven days does not seem possible for you, it is then important to record two weekdays and at least one weekend day to get a better snapshot of your daily diet.

Write everything down. The food reference guide provided will help you simplify this process when recording your information on the daily log sheet. Without going into great detail, you can quickly refer to each category of the reference guide to identify all components of the meal. If there is not enough space, simply use the backside of the worksheet.

Please keep in mind that there are no wrong answers or bad food choices. Keeping a food journal is simply an organized way to collect information in order to arrive at the best treatment plan. Only you & the practitioner (with your permission) are going to see what you catalogue.

HOW TO USE THE FOOD REFERENCE GUIDE

Row #1: What you consume

Use this section to quickly identify what you are eating, and the duration of each meal. For example, breakfast, 7-7:30a. Amaranth + 1 red apple. 1 cup of coffee w/ 1/2 & 1/2 and raw sugar.

Row #2: How You Eat

This part asks two questions: how food is prepared before it is eaten, and what is the environment in which you are eating, including how you feel?

How food is prepared is an important piece of information because it determines whether the meal tends towards a warming (yang) or cooling (yin) property. For example, processed foods, such as canned goods or fast food will be more yang and generate heat in the body. Heat can cause many symptoms such as rashes, headaches, sleeplessness, and agitation.

The second component asks you to describe how you feel and where you are when you eat. This information is another way to understand your body's balance between yin and yang.

Row #3: How you feel before and after you eat.

This section is about how your body metabolizes what happens during the day--emotionally and physically. This includes bowel movements, sleep/dreams, energy, and any symptoms you feel after eating.

CHINESE MEDICINE FOOD JOURNAL REFERENCE GUIDE

Row 1 > Meal / Duration	Dairy	Proteins	Vegetables	Grains	Carbs	Fruit	Sweets / Snacks
<ul style="list-style-type: none"> □ Breakfast □ Lunch □ Dinner □ Snack Time _____ to _____	<ul style="list-style-type: none"> □ Milk (whole / non-fat) □ Butter □ Ghee □ Soft Cheese □ Hard Cheese □ Yogurt (whole / non-fat) □ Cottage Cheese (w /nf) □ Other 	<ul style="list-style-type: none"> □ Beef □ Poultry □ Fish □ Lamb □ Pork □ Nut / Seed □ Legumes □ Soy □ Tempeh □ Eggs 	<ul style="list-style-type: none"> □ Green □ Red □ Orange □ Yellow □ Purple □ White □ Other 	<ul style="list-style-type: none"> □ Quinoa □ Millet □ Amaranth □ Wheat □ White Rice □ Brown Rice □ Corn □ Other 	<ul style="list-style-type: none"> □ Pasta □ Bread (s) □ Crackers □ Muffin □ Pancake □ Waffle □ Gluten Free □ Other 	<ul style="list-style-type: none"> □ Citrus □ Apple □ Stone Fruit □ Banana □ Pineapple □ Avocado □ Melon □ Berries □ Other 	<ul style="list-style-type: none"> □ Ice Cream □ Cakes □ Pie □ Cookies □ Candy □ Popcorn □ Chips □ Other

Row 2 > Beverages	Condiments	Pickled / Fermented	Meal Flavor(s)	Preparation
<ul style="list-style-type: none"> □ Water □ Tea □ Coffee □ Soda □ Fruit Drink □ Smoothie □ Coconut Water □ Kombucha □ Energy Drink □ Alcohol □ Other 	<ul style="list-style-type: none"> □ Olive Oil □ Vinegar (s) □ Miso □ Salt / Pepper □ Tamari □ Soy Sauce □ Mayonnaise □ Ketchup □ Mustard □ Hot Sauce □ Other 	<ul style="list-style-type: none"> □ Kimchee □ Sauerkraut □ Cucumber □ Beets □ Fennel □ Kombucha □ Other 	<ul style="list-style-type: none"> □ Sweet □ Salty □ Sour □ Bitter □ Neutral □ Spicy □ Other 	<ul style="list-style-type: none"> □ Steamed □ Stir Fried □ Sautéed □ Baked □ BBQ/Grilled □ Fast Food □ Smoked □ Boiled □ Raw □ Microwave

Environment

- Home
- Office
- Restaurant
- Coffee Shop
- Bar
- Car
- Standing
- Walking
- Public Transport
- Event / Party
- With people
- Watching TV/Movie
- Alone

Emotions

- Joy
- Sorrow
- Pensive
- Anger
- Anxious
- Rushed
- Annoyed
- Bored
- Don't know

Row 3 >
Bowel Movement

- Frequency
- Urgency
- Consistency
- Color
- Odor

Sleep

- Slept well
- Went to bed late
- Could not fall asleep
- Woke up often
- Bad / Vivid Dreams
- Woke up early/tired

Energy

- Great!
- Tired by 3pm
- Exhausted all day
- Tired until late morning
- Napped

Supplements / Medication

- Chinese herb formula
- Digestive Enzymes / Probiotics
- Prescribed Medication

Symptoms

- Gas (w/odor?)
- Hiccups
- Belching
- Nausea
- Bloating
- Tired
- Diarrhea
- Constipated

CHINESE MEDICINE FOOD JOURNAL - SINGLE MEAL WORKSHEET

Row 1 > Meal / Duration	Dairy	Proteins	Vegetables	Grains	Carbs	Fruit	Sweets / Snacks
<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Snack Time _____ to _____	<input type="checkbox"/> Milk (whole / non-fat) <input type="checkbox"/> Butter <input type="checkbox"/> Ghee <input type="checkbox"/> Soft Cheese <input type="checkbox"/> Hard Cheese <input type="checkbox"/> Yogurt (whole / non-fat) <input type="checkbox"/> Cottage Cheese (w /nf) <input type="checkbox"/> Other	<input type="checkbox"/> Beef <input type="checkbox"/> Poultry <input type="checkbox"/> Fish <input type="checkbox"/> Lamb <input type="checkbox"/> Pork <input type="checkbox"/> Nut / Seed <input type="checkbox"/> Legumes <input type="checkbox"/> Soy <input type="checkbox"/> Tempeh <input type="checkbox"/> Eggs	<input type="checkbox"/> Green <input type="checkbox"/> Red <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input type="checkbox"/> Purple <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Quinoa <input type="checkbox"/> Millet <input type="checkbox"/> Amaranth <input type="checkbox"/> Wheat <input type="checkbox"/> White Rice <input type="checkbox"/> Brown Rice <input type="checkbox"/> Corn <input type="checkbox"/> Other	<input type="checkbox"/> Pasta <input type="checkbox"/> Bread (s) <input type="checkbox"/> Crackers <input type="checkbox"/> Muffin <input type="checkbox"/> Pancake <input type="checkbox"/> Waffle <input type="checkbox"/> Gluten Free <input type="checkbox"/> Other	<input type="checkbox"/> Citrus <input type="checkbox"/> Apple <input type="checkbox"/> Stone Fruit <input type="checkbox"/> Banana <input type="checkbox"/> Pineapple <input type="checkbox"/> Avocado <input type="checkbox"/> Melon <input type="checkbox"/> Berries <input type="checkbox"/> Other	<input type="checkbox"/> Ice Cream <input type="checkbox"/> Cakes <input type="checkbox"/> Pie <input type="checkbox"/> Cookies <input type="checkbox"/> Candy <input type="checkbox"/> Popcorn <input type="checkbox"/> Chips <input type="checkbox"/> Other

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CHINSE MEDICINE FOOD JOURNAL - DAILY MEAL WORKSHEET

Sleep:			Dreams:	
Date:	Environment / Emotions	Preparation Steamed, Stir Fried, Baked, Boiled, etc...	Foods Vegetables, Grains, Proteins, Dairy, Fruits, Carbs, Sweet, Beverage, Condiments, Pickled fermented. Also list Chinese formula, Digestive Enzymes, or Medication taken.	Symptoms, Bowel movement, Energy
Breakfast Time & Duration	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack				
Lunch Time & Duration	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack				
Dinner Time & Duration	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack				

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Snack				
Lunch Time & Duration	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack				
Dinner Time & Duration	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Snack				