



# METABOLIC C.H.A.R.G.E

*“This tool is one of the most powerful and, simultaneously, underutilized tools in the pursuit of better health and better living through nutrition.” Sherri Jacobs, ND, CNS*

The Metabolic CHARGE Journal is invaluable in understanding your food habits and how food affects YOU. As close as we are to the experience most of us have indeed, been far-removed from it.

Through this process we begin to discover our infinite mental, emotional and physical uniqueness as it relates to one of the most powerful influencers in health, food. With the right vantage point we can begin to make simple, yet powerful changes that respect our unique health needs and goals.

I think we’ve all had the experience of driving to work or the grocery store with no memory of making the turns, stopping at the lights or any of the traffic. In a similar way most of us eat and drink throughout the day with only occasional awareness of the experience. Consider a moment if you had to tell me what you ate for the last three days... study after study shows, your memory can’t be trusted. So, insert the Metabolic CHARGE Journal.

At first glance it’s perhaps obvious that you will record everything you eat, drink, taste or otherwise consume each day... everything. This may prove challenging. A stark, objective and otherwise “official” record of your diet can be quite eye opening. We tend to overlook some of the habits we’re less proud of, or even completely change our diet when we’re “on the record”. So, I caution you not to cheat yourself of the experience. If you do, or simply struggle with the honesty, I think you need to take a look at why. You may find some early insights into your relationship with food.

Beyond the record of your consumption, you will record your daily activities and your physical, mental and emotional experience throughout the day. For a fresh perspective, you must consider that much of your daily experience is your response to the world around you, driven from within... not externally to you. In this vein, you must consider that your diet is one of the richest sources of information derived from your immediate environment. The cryptic messages are translated by your gut into the language of biochemistry and then interpreted by your body. Your body responds elaborately with the best course to navigate its environment. It is in this way that your diet affects your genes, your hormones, your mind, your energy, your sleep... every part of you. Food is more influential than most have ever considered. With the Metabolic CHARGE Journal you will begin to consider the messages your body is receiving and how it’s responding. This is all about you.

Of note: Portions may ultimately be useful for some but it’s not the focus here. Calories and grams of this or that, certainly matter but I would argue it encourages the wrong emphasis in exploring food and your health. I recognize it’s the presiding focus of most books, diets, legislation, even TV health experts but it encourages what I call Orthonutritionism. The failing theory that if you achieve some magical and universal amounts or proportions for each component of your diet, you will thrive. It’s convenient for experts to exert their authority with definitive notions but it’s an over-simplified and abundantly inaccurate approach. While it’s a noble pursuit and “certainty sells”, orthonutritionism has led generations of people astray only to experience unnecessary confusion and ill-health.



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## *What to Record in Your Journal*

### Breakfast, Lunch, Dinner and Snacks

- Record the timing of each.
- Record everything you ate, tasted, drank, medications/supplements, etc...
- Denote any missed or skipped meals/snacks.

### Notable Daily Activity

- Note any significant events, activities or changes from routine.
- Note any unique stressors that day.

### CHARGE : Journal your experience and relevant timing

whether or not you think they're internally or externally driven.

- **Cravings** : Yes or no? For what and when. Is it boredom?
- **Hunger** : Denote any notable hunger, or even absence of and when.
- **Attitude/Mood** : Any predominant moods, good or bad throughout the day
- **Rest/Sleep** : Hours? Quality? Describe any awake time. Rest time during day?
- **Gut/Digestion** : Gas, bloat, constipation, diarrhea, fullness, indigestion, "NO GI", etc..
- **Energy** : Quality/Type? Scale it 1-10. 1 = face down on a couch, 10 = unbridled energy

### Remarkable Common Daily Signs and Symptoms to note:

<input type="checkbox"/> _Headache	<input type="checkbox"/> _Upper	<input type="checkbox"/> _Fatigue
<input type="checkbox"/> _Migraines	<input type="checkbox"/> back/shoulder	<input type="checkbox"/> _Hand/feet tingling
<input type="checkbox"/> _Earache	<input type="checkbox"/> pain	<input type="checkbox"/> _Sleep disturbances
<input type="checkbox"/> _Ringing in ears	<input type="checkbox"/> _Stomach pain	<input type="checkbox"/> _Flutter feeling in
<input type="checkbox"/> _Itching in ears	<input type="checkbox"/> _Indigestion	<input type="checkbox"/> chest
<input type="checkbox"/> _Itching in eyes	<input type="checkbox"/> _Gas/bloating	<input type="checkbox"/> _Chest pain
<input type="checkbox"/> _Dry eyes	<input type="checkbox"/> _Meal feels heavy in	<input type="checkbox"/> _High blood pressure
<input type="checkbox"/> _Runny nose	<input type="checkbox"/> gut	<input type="checkbox"/> _Anxiety/panic
<input type="checkbox"/> _Stuffy nose	<input type="checkbox"/> _Nausea	<input type="checkbox"/> _Depression
<input type="checkbox"/> _Itching in mouth	<input type="checkbox"/> _Menstrual cramps	<input type="checkbox"/> _Brain "fog"
<input type="checkbox"/> _Ulcers in mouth	<input type="checkbox"/> _Reflux/ heartburn	<input type="checkbox"/> _Dizziness/
<input type="checkbox"/> _Sores on tongue	<input type="checkbox"/> _Urinary frequency	<input type="checkbox"/> lightheaded
<input type="checkbox"/> _Itching throat	<input type="checkbox"/> _Urinary urgency	<input type="checkbox"/> _Shortness of breath
<input type="checkbox"/> _Sore throat	<input type="checkbox"/> _Constipation	<input type="checkbox"/> _Acne
<input type="checkbox"/> _Stiff neck	<input type="checkbox"/> _Diarrhea	<input type="checkbox"/> _Skin rash
<input type="checkbox"/> _Swollen lymph	<input type="checkbox"/> _Anal itching	<input type="checkbox"/> _Anger
<input type="checkbox"/> nodes	<input type="checkbox"/> _Pain in any joint	<input type="checkbox"/> _Mucus in throat
<input type="checkbox"/> _Muscle soreness	<input type="checkbox"/> _Mood swings	<input type="checkbox"/> _Elation
<input type="checkbox"/> _Low back pain	<input type="checkbox"/> _Heart palpitations	<input type="checkbox"/> _Wired but tired