



# FOOD CHEMISTRY PLAN ADHERENCE REPORT (FCPAR)

Name \_\_\_\_\_ Page \_\_\_\_\_

**SCORING: 0= No adherence to 10 = followed program precisely as directed since last report.**

GOAL: Percentage Of Adherence Is Higher From One Column To The Next.	Coach Date ↓	Before Coach Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
1-Air-Quality/Chi/Breathing													
2-Water Intake (oz. per Wt)													
3-Supplements as directed													
4-Morning Lemon Water													
5-Dinner Lemon Water													
6-Ate First Meal, Time =													
7-Snack -1, T													
8-Snack -2, T													
9-Snack -3, T													
10-Ate 2 <sup>nd</sup> Meal, Time =													
11-Snack -1,T													
12-Snack - 2, T													
13-Snack - 3, T													
14-Ate 3 <sup>rd</sup> Meal, T=													
15-No Solids B4 Bed-2H / 4H													
16-DeepSmell Food B4 Eat-													
17-3 Deep Breaths B4 Eating													
18-No Activity When Eating													
19-Eat Calm (Standing/OnGo)													
20-Chew Solids To Liquids													
21-No Liquids With Solids													
22-Healthy Thoughts													
23-Ate Acceptable/Green List													
24-Ate Moderate/Black List													
25-Ate Monthly/Italic List													
26-Eliminated Avoid/Red List													
27-Additional Avoid Foods													
28-Fruit Alone or 30 min B4													
<b>TOTAL COLUMN SCORE</b>													
# of Items (1-27) in Score													
Percentage of Adherence													
29-No. New Recipes Used.													