



Name: _____ Date: _____

It is important to keep an accurate record of your usual food and beverage intake as a part of your treatment plan. Please complete this Diet Diary for 3 days including one weekend day.

- Write down everything you eat and drink, the place you consumed it, and any moods/symptoms felt throughout the day
- Do not change your eating behavior at this time, as the purpose of this food record is to analyze your present eating habits.
- Record information as soon as possible after the food has been consumed
- Describe the food or beverage as accurately as possible e.g. milk – what kind? (whole, 2%, nonfat); toast (whole wheat, white, buttered); chicken (fried, baked, breaded); coffee (decaffeinated with 2 sugars)
- Recording exact portion sizes are not necessary; try to give an approximation (e.g 1 bowl of homemade tomato soup)
- Days do not have to be consecutive

Day 1

Time	Place	Food/Drink	Mood/Symptoms

Sleep

Duration	:		to	:	Quality	
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Exercise

Time	Place	Duration	Type



Day 2

Time	Place	Food/Drink	Mood/Symptoms

Sleep

Duration	:	to	:	Quality	

Exercise

Time	Place	Duration	Type



Day 3

Time	Place	Food/Drink	Mood/Symptoms

Sleep

Duration	:		to	:	Quality	
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Exercise

Time	Place	Duration	Type