



Doctor Eve ...

Food Diary

To use this diary:

1. Print out a copy of this form.
2. Make seven copies (one for each day).
3. Record everything you eat for a week.
4. Record your preferences, how you feel, etc.
5. Use your answers to become conscious of eating patterns and positive and negative reactions to foods.
6. Use the information when planning changes to your diet.

Foods Consumed:	<u>Bread / Cereal</u>	<u>Vegetable</u>	<u>Fruit</u>	Milk	Meat / Protein	Added Sugar
Breakfast						
Snack						
Lunch						
Snack						
Dinner						
Snack						

My reactions to food I ate: Check or list all that apply.

Foods that made me feel good:

- Kept me feeling full
- Left me generally satisfied
- Ended my cravings
- Tasted good
- Other:



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Foods that made me feel bad :

- ___ Left me hungry again right away
- ___ Left me too full
- ___ Didn't digest well
- ___ Gave me a headache
- ___ Gave me gas, burping
- ___ Gave me a skin rash
- ___ Left me tired soon after eating
- ___ Other:

Foods I enjoyed eating include:

Foods I didn't like include:

Foods I craved include:

My eating patterns: Check or list all that apply.

Times when I snacked:

How I felt when I wanted a snack:

- ___ Hungry
- ___ Restless
- ___ Depressed
- ___ Bored
- ___ Other:

Types of snacks I generally chose:

Number of times I ate in a restaurant or fast food establishment:

Convenience foods I used:

Fresh foods I ate:

Times I overate or binged:

Number of times I skipped a meal:

Number of meals I prepared at home:

Obstacles to preparing meals at home this week:

What I can do to improve my diet: