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# KEEPING A FOOD DIARY

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While it may seem somewhat tedious to write down everything you eat, doing so for at least a short time can provide some useful information when meeting with a nutritional consultant—and the process may even provide you with some insight regarding habits, food triggers or sensitivities. Please keep track of all food and beverages for at least 5 days (or as long as two weeks) by using this form or any other means you prefer. Note the date, time of day, food / drink consumed, approximate quantity (an eyeball-guess is fine), your emotional state, and any physical symptoms you are experiencing. (Print as many of the second page of this document as needed.)

Here is a sample entry—make an entry for each meal and snack, as well as beverages:

DATE / DAY OF WEEK: May 16, 2008 Friday TIME: noon

FOOD / DRINK CONSUMED—APPROX. QUANTITY:

approx 3 C spinach salad with bacon, hard boiled egg, honey-mustard dressing;  
chai latte made with 1/4 C unsweetened soymilk

EMOTIONAL STATE: busy, stressed

SYMPTOMS: slight headache, lower back pain-moderate

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DATE / DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_

FOOD / DRINK CONSUMED—APPROX. QUANTITY:

EMOTIONAL STATE: \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_

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DATE / DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_

FOOD / DRINK CONSUMED—APPROX. QUANTITY:

EMOTIONAL STATE: \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_

DATE / DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_

FOOD / DRINK CONSUMED—APPROX. QUANTITY:

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EMOTIONAL STATE: \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_



DATE / DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_

FOOD / DRINK CONSUMED—APPROX. QUANTITY:

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EMOTIONAL STATE: \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_



DATE / DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_

FOOD / DRINK CONSUMED—APPROX. QUANTITY:

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EMOTIONAL STATE: \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_



DATE / DAY OF WEEK: \_\_\_\_\_ TIME: \_\_\_\_\_

FOOD / DRINK CONSUMED—APPROX. QUANTITY:

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EMOTIONAL STATE: \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_