****

***Name* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Dates* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5-Day Diet Diary Instructions**

It is important to keep an accurate record of your usual food and beverage intake as a part of your lifestyle plan. Please complete this Diet Diary for 5 consecutive days including one weekend 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%, or nonfat); toast – (whole wheat, white, buttered); chicken - (fried, baked, or breaded); coffee – (decaffeinated w/ sugar & ½ ‘n’ ½)
* Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, ½ cup, 1 teaspoon, etc.
* Include any added items. For example: tea with 1 teaspoon honey, potato with 2 teaspoons butter, etc.
* Record all beverages, **including water**, coffee, tea, sports drinks, sodas/diet sodas, etc.
* Include any additional comments about your eating habits at the end of this form (ex. craving sweet, skipped meal and why, when the meal was at a restaurant, moods, concerns, etc.)



**Day 1**

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| --- | --- | --- | --- |
| **Meal** | **Time** | **Food / Beverage / Amount** | **Comments** |

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| --- | --- | --- | --- |
| **Breakfast** |  |  |  |
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| **Lunch** |  |  |  |
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| **Dinner** |  |  |  |
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| **Snacks & Beverages** |  |  |  |
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**Day 2**

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| --- | --- | --- | --- |
| **Meal** | **Time** | **Food / Beverage / Amount** | **Comments** |

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| --- | --- | --- | --- |
| **Breakfast** |  |  |  |
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| **Lunch** |  |  |  |
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| **Dinner** |  |  |  |
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| **Snacks & Beverages** |  |  |  |
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**Day 3**

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| --- | --- | --- | --- |
| **Meal** | **Time** | **Food / Beverage / Amount** | **Comments** |

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| --- | --- | --- | --- |
| **Breakfast** |  |  |  |
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| **Lunch** |  |  |  |
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| **Dinner** |  |  |  |
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| **Snacks & Beverages** |  |  |  |
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**Day 4**

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| --- | --- | --- | --- |
| **Meal** | **Time** | **Food / Beverage / Amount** | **Comments** |

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| --- | --- | --- | --- |
| **Breakfast** |  |  |  |
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| **Lunch** |  |  |  |
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| **Dinner** |  |  |  |
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| **Snacks & Beverages** |  |  |  |
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**Day 5**

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| --- | --- | --- | --- |
| **Meal** | **Time** | **Food / Beverage / Amount** | **Comments** |

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| --- | --- | --- | --- |
| **Breakfast** |  |  |  |
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| **Lunch** |  |  |  |
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| **Dinner** |  |  |  |
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| **Snacks & Beverages** |  |  |  |
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**Other Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Thank you!**