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|  | **DIET DIARY** **INSTRUCTIONS** |
| It is important to keep an accurate record of your usual and food and beverage intake as part of your treatment plan.Please complete the Diet Diary for 3 consecutive days including one weekend day.* Do NOT change your eating behaviour at this time, as the purpose of this food record is to analyse your present eating habits.
* Record information as soon as possible after food /drink has been consumed.
* Describe the food/drink as accurately as possible (e.g. milk – what kind; full fat; semi-skimmed; skimmed; soya: toast – white; wholegrain; buttered: chicken – fried; roasted: coffee – decaf with or without sugar [how much sugar]).
* Record the amount of each food/drink as accurately as possible using standard measures (e.g. teaspoon; ½ cup; 50 g).
* Include any added item. (e.g. tea with 1 teaspoon honey; 100 g potatoes with 2 teaspoon butter etc).
* Record ALL drinks and quantities, including water; tea; coffee; sports drinks; fizzy/diet drinks etc.
* Include any addition comments about you eating habits (e.g. craving sweet; skipped meals and why; mention if meal was at a restaurant etc).
* Please make a note of all bowel movements and whether regular, firm or loose etc.
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| Day | Breakfast | Snacks and drinks | Lunch | Snacks and drinks | Dinner | Snacks and drinks |
| Day 1 |       |       |       |       |       |       |
| Day 2 |       |       |       |       |       |       |
| Day 3 |       |       |       |       |       |       |

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| Day 1 | How many stools did you pass today? |       |
|  | What was the colour? Consistency? |       |
|  | Were they/was it easy or difficult to pass? |       |
|  | Did you exercise today? If so what did you do? For how long? |       |
|  | How happy do you feel today? | Very Unhappy Very Happy1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ |
|  | How tired do you feel today? | Very Tired Not Tired At All1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ |

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| Day 2 | How many stools did you pass today? |       |
|  | What was the colour? Consistency? |       |
|  | Were they/was it easy or difficult to pass? |       |
|  | Did you exercise today? If so what did you do? For how long? |       |
|  | How happy do you feel today? | Very Unhappy Very Happy1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ |
|  | How tired do you feel today? | Very Tired Not Tired At All1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ |

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| Day 3 | How many stools did you pass today? |       |
|  | What was the colour? Consistency? |       |
|  | Were they/was it easy or difficult to pass? |       |
|  | Did you exercise today? If so what did you do? For how long? |       |
|  | How happy do you feel today? | Very Unhappy Very Happy1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ |
|  | How tired do you feel today? | Very Tired Not Tired At All1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ |