

Participant ID	
Participant initials	



## 7-day food diary

Participant Initials:	
Participant ID:	
Date 7-day diary started:	

We would like you to record what you eat every day for the next week. You may find this very difficult at first, but hopefully once you get into the habit of writing down what you eat and when you eat it, it will become very easy.

Record **ALL** food and drink consumed during the week including snacks, nibbles, sauces and dressings. It doesn't matter how big or how small the food is, write it down. The more descriptive you are the better.

**Record method of cooking, type and quantity of food.** We've given you an example of a filled in diary. Read through this example diary first to see how much detail is required when you are filling in your 7 day diary.

**There is also space for you to record your mood at the time you eat and record the physical activity you do in the day.**

Try not to wait until the end of the day or even the next day to record what you have consumed. It is very easy to forget the handful of nuts you had before dinner. Take this diary with you and record at the time you eat.

**It is important that you bring this with you to the next clinic visit.**

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## Example diary:

Read through this example first to see how much detail is required in your 7 day food diary.

DAY: Wednesday

DATE: 4/4/2015

TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<b>Early Morning:</b>	1 cup 1 tbsp	Tea with Milk without Balai (cream)	
<b>Breakfast:</b>	1 small ½ cup 1 cup 1 tbsp	Whole wheat chappati Vegetable Curry (from last dinner) Tea Milk without Balai (cream)	

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<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<b><i>During morning</i></b>	<i>1 medium</i>	<i>Apple (eaten with skin)</i>	<i>Used stairs rather than lift when shopping</i>
<b><i>Midday</i></b>	<ul style="list-style-type: none"> <li><i>• 1 ½ small</i></li> <li><i>•½ cup</i></li> <li><i>•2 tbsp</i></li> <li><i>1 small</i></li> </ul>	<i>Whole wheat chapatti</i> <i>Chicken Curry with 1 Chicken piece</i> <i>Plain raita</i> <i>Cucumber</i>	<i>Sunny day, felt happy</i>
<b><i>During Afternoon</i></b>	<i>1 mug</i> <i>Half mug</i> <i>2 small</i>	<i>Tea made with Milk without Balai</i> <i>Salty (Tuc) Biscuits</i>	<i>Craved something salty</i>

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<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<b>Evening Meal:</b>	1 regular plate (non-heaped)  2 tbsp.  2 tbsp.  3 tbsp.	Chicken Biriyani  Raita  Mixed Fruit Salad in Cream  Carrot Halwa	Family gathering at a relative felt happy but ate carelessly.
<b>During Evening</b>	1 small	Chocolate cookie	Felt guilty on evening meal
<b>Bedtime Snack:</b>	1 Cup	Milk without Balai	

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# Day 1:

Record **ALL** food and drink consumed during the day including snacks, nibbles, sauces and dressings. **Record method of cooking, type and quantity of food.**

DAY of the week: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<i>Early Morning:</i>			
<i>Breakfast:</i>			

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**Day 1**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i>During morning</i>			
<i>Midday</i>			
<i>During Afternoon</i>			

<b>Participant ID</b>	
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**Day 1**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i><b>Evening Meal:</b></i>			
<i><b>During Evening</b></i>			
<i><b>Bedtime Snack:</b></i>			

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# Day 2:

Record **ALL** food and drink consumed during the day including snacks, nibbles, sauces and dressings. **Record method of cooking, type and quantity of food.**

DAY of the week: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<i>Early Morning:</i>			
<i>Breakfast:</i>			



<b>Participant ID</b>	
<b>Participant initials</b>	

**Day 2**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i>During morning</i>			
<i>Midday</i>			
<i>During Afternoon</i>			

<b>Participant ID</b>	
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**Day 2**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i><b>Evening Meal:</b></i>			
<i><b>During Evening</b></i>			
<i><b>Bedtime Snack:</b></i>			

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# Day 3:

Record **ALL** food and drink consumed during the day including snacks, nibbles, sauces and dressings. **Record method of cooking, type and quantity of food.**

DAY of the week: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<i>Early Morning:</i>			
<i>Breakfast:</i>			

<b>Participant ID</b>	
<b>Participant initials</b>	

**Day 3**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i>During morning</i>			
<i>Midday</i>			
<i>During Afternoon</i>			

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**Day 3**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i><b>Evening Meal:</b></i>			
<i><b>During Evening</b></i>			
<i><b>Bedtime Snack:</b></i>			

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# Day 4:

Record **ALL** food and drink consumed during the day including snacks, nibbles, sauces and dressings. **Record method of cooking, type and quantity of food.**

DAY of the week: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<i>Early Morning:</i>			
<i>Breakfast:</i>			

<b>Participant ID</b>	
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**Day 4**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i>During morning</i>			
<i>Midday</i>			
<i>During Afternoon</i>			

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**Day 4**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i><b>Evening Meal:</b></i>			
<i><b>During Evening</b></i>			
<i><b>Bedtime Snack:</b></i>			



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# Day 5:

Record **ALL** food and drink consumed during the day including snacks, nibbles, sauces and dressings. **Record method of cooking, type and quantity of food.**

**DAY of the week:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<i>Early Morning:</i>			
<i>Breakfast:</i>			

<b>Participant ID</b>	
<b>Participant initials</b>	

**Day 5**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i>During morning</i>			
<i>Midday</i>			
<i>During Afternoon</i>			

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**Day 5**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i><b>Evening Meal:</b></i>			
<i><b>During Evening</b></i>			
<i><b>Bedtime Snack:</b></i>			

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# Day 6:

Record **ALL** food and drink consumed during the day including snacks, nibbles, sauces and dressings. **Record method of cooking, type and quantity of food.**

DAY of the week: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<i>Early Morning:</i>			
<i>Breakfast:</i>			

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**Day 6**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i>During morning</i>			
<i>Midday</i>			
<i>During Afternoon</i>			

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**Day 6**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i><b>Evening Meal:</b></i>			
<i><b>During Evening</b></i>			
<i><b>Bedtime Snack:</b></i>			

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# Day 7:

Record **ALL** food and drink consumed during the day including snacks, nibbles, sauces and dressings. **Record method of cooking, type and quantity of food.**

DAY of the week: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<i>Early Morning:</i>			
<i>Breakfast:</i>			

<b>Participant ID</b>	
<b>Participant initials</b>	

**Day 7**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i>During morning</i>			
<i>Midday</i>			
<i>During Afternoon</i>			



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**Day 7**

<b>TIME</b>	<b>QUANTITY EATEN</b>	<b>DETAILS OF FOOD &amp; DRINK</b>	<b>THOUGHTS, FEELINGS &amp; PHYSICAL ACTIVITY</b>
<i>Evening Meal:</i>			
<i>During Evening</i>			
<i>Bedtime Snack:</i>			