



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.

Participant ID	
Participant initials	

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
Early Morning:	1 cup 1 tbsp 1 tbsp	Tea with Milk powder Sugar	
Breakfast:	10 3/4 cup 2 tbsp 1 medium	String hoppers Potato curry Pol sambol Banana	

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TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
<i>During morning</i>	2 cups	King coconut water	Used stairs rather than lift when shopping
<i>Midday</i>	2 cups 1/2 cup 1/2 cup 1 piece (4 cm x 4 cm x 2 cm) 2 tbsp 1 scoop	Rice Dhal Curry Green Leafy mallun Fish Tempered beans Ice cream	Sunny day, felt happy
<i>During Afternoon</i>	2 1 cup 1 tbsp	Cream crackers Tea with Milk powder	Craved something salty

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TIME	QUANTITY EATEN	DETAILS OF FOOD & DRINK	THOUGHTS, FEELINGS & PHYSICAL ACTIVITY
Evening Meal:	2 medium sized 1 tbsp 1/8 1 cup	Rotti Lunu miris Pawpaw Tea	
During Evening			
Bedtime Snack:	1 cup 1 tbsp	Fresh milk – Full Cream Black tea Sugar	

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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>			

Participant ID	
Participant initials	

Day 1

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

Participant ID	
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Day 1

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

Participant ID	
Participant initials	

Day 2

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

Participant ID	
Participant initials	

Day 2

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

Participant ID	
Participant initials	

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>			

Participant ID	
Participant initials	

Day 3

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

Participant ID	
Participant initials	

Day 3

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

Participant ID	
Participant initials	

Day 4

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

Participant ID	
Participant initials	

Day 4

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

Participant ID	
Participant initials	

Day 5

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

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Day 5

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

Participant ID	
Participant initials	

Day 6

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

Participant ID	
Participant initials	

Day 6

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

Participant ID	
Participant initials	

Day 7

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

Participant ID	
Participant initials	

Day 7

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