

Food Diary for _____ Week of _____ 200_____

We will be looking at patterns as well as specifics of what you eat to help you make informed choices. I will make suggestions after you keep track of your food intake for one week. Do the best you can with keeping track. If you forget, fill in what you remember. Have fun!

Day 0 Sample (* after time indicates ate/cooked at home)

Breakfast _____	Snacks _____	Lunch _____	Snacks _____	Dinner _____	Snack _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cravings? (eg. sweet, salty, sour, bitter, spicy, cold, hot, greasy, rich, crunchy, creamy, fatty, clean, etc.) _____

Mental/Emotional/Physical ? (eg. bored, hungry, tired, angry, happy, empty, energetic, anxious, pensive, sick, nauseous, etc.) _____

Day 1 _____ (* after time indicates ate/cooked at home)

Breakfast _____	Snacks _____	Lunch _____	Snacks _____	Dinner _____	Snack _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cravings? _____

Mental/Emotional/Physical ? _____

Day 2 _____

Breakfast _____	Snacks _____	Lunch _____	Snacks _____	Dinner _____	Snack _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cravings? _____

Mental/Emotional/Physical ? _____

Day 3 _____

Breakfast _____	Snacks _____	Lunch _____	Snacks _____	Dinner _____	Snack _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cravings? _____

Mental/Emotional/Physical ? _____

Day 4 _____ (* after time indicates ate/cooked at home)

Breakfast _____ Snacks _____ Lunch _____ Snacks _____ Dinner _____ Snack _____

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cravings? _____

Mental/Emotional/Physical ? _____

Day 5 _____

Breakfast _____ Snacks _____ Lunch _____ Snacks _____ Dinner _____ Snack _____

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cravings? _____

Mental/Emotional/Physical ? _____

Day 6 _____

Breakfast _____ Snacks _____ Lunch _____ Snacks _____ Dinner _____ Snack _____

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cravings? _____

Mental/Emotional/Physical ? _____

Day 7 _____

Breakfast _____ Snacks _____ Lunch _____ Snacks _____ Dinner _____ Snack _____

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Cravings ? _____

Mental/Emotional/Physical ? _____

Dr. Tawada's suggestions:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____