# Integrative Medicine



# **Diet Diary Instructions**

The information you record in your food diary will help you and your doctor or dietitian identify patterns in your diet that may correlate to your health condition. This information can help them to design an eating program to meet your special needs.

These instructions will help you get the most out of your food diary. Generally, food diaries are meant to be used for a whole week, but studies have shown that keeping track of what you eat for even 1 day can help you make changes in your diet. To get the best snapshot of your current eating habits, please complete 1 diet diary for a single weekend day and 2 diet diaries for 2 different week days.

#### **Date and Time**

Write the date and time of day you ate the food.

# **Food or Beverage Consume**

In this column, write down the type of food you ate or drank. Be as specific as you can. Don't forget to write down "extras," such as butter, oils, salad dressing, mayonnaise, sour cream, sugar and ketchup. Please include brand names when possible, or indicate if an item was homemade.

#### How much

In this space indicate the amount of the particular food item you ate. Give your best estimate of the size  $(2 \times 1)$ , the volume (1/2 cup), the weight (2 ounces) and/or the number of items (12) of that type of food.

## Where

Write what room or part of the house you were in when you ate. If you ate in a restaurant, fast-food chain, your desk, or your car, write that location down.

# **Activity while eating**

In this column, list any activities you were doing while you were eating (for example, working on the computer, driving, watching TV, sitting at the dinner table).

## Mood

How were you feeling while you were eating (for example, sad, happy, rushed, stressed, bored)?

#### **Symptoms**

In this column, make a note of any symptoms (good or bad) you experience throughout the day to help tune into how certain foods make you feel. <u>Include</u>: bowel/urine habits such as formed stool, loose stool, hard stool, scant urination, or frequent urination; feelings of discomfort such as gas, bloating, heartburn, headaches, brain fog, low energy, or sinus congestion; feelings of wellness such as increased energy, mental clarity, and/or relief of previous symptoms. Try to correlate the entries as closely as possible with the times listed to the left on the diet diary form.

#### Hints

- Do not change your eating habits while you are keeping your food diary, unless your doctor or dietitian has given you specific instructions to do so.
- Tell the truth. Your doctor or dietitian can help only if you record what you really eat.
- Record what you eat on all days your doctor or dietitian recommends
- Be sure to bring the completed forms back with you to your next appointment.

# **Basic Rules to Remember**

# Write everything down

Keep your form with you all day, and do your best to write down everything you eat or drink. A piece of candy, a handful of pretzels, a can of soda pop or a small donut may not seem like much at the time, but over a week these foods may add up!

#### Do it now

Don't depend on your memory at the end of the day. Record your eating as you go.

# Be specific

Make sure you include "extras," such as gravy on your meat or cheese on your vegetables. Do not generalize. For example, record French fries as French fries, not as potatoes.

#### **Estimate amounts**

If you had a piece of cake, estimate the size  $(2" \times 1" \times 2")$  or the weight (3 ounces). If you had a vegetable, record how much you ate (1/4 cup). When eating meat, remember that a 3-ounce cooked portion is about the size of a deck of cards.

If you have any questions, contact your doctor or dietitian.

## Sample Food Diary Entry

Date	Time	Food or Drink: What kind	How much	Where	Activity	Mood	Symptoms
1/3/08	8am	Quaker instant oatmeal made with water	1 cup	Car	Driving to work	Rushed/anxious	Loose bowel at 7am