Your Eating Diary

As you fill out your diary, keep in the following questions in mind:

1. What time of day do you eat the most?
2. Are your calories spread out to give you energy throughout the day?
3. Are you mixing proteins and carbohydrates to prevent drops in blood sugar and including fruits and vegtables for vitamins and minerals?
4. What is your mood like when your eating (rushed, sad, stressed, etc.) or what were you doing while eating (driving, watching TV, etc.)?
5. What would you be willing to change about your eating or drinking habits?

Bring this form to your next visit to get feedback and to help you talk to your nurse or dietician about your questions.

Questions adapted from: Your Eating Diary, Preventative Cardiovascular Nursing Association

Monday

	Protein	Carbs	Vegetable	Fruit	8 oz. glasses of water?	Any drinks (e.g., soda, specialty coffees)?	Any alcohol?	How was I feeling before eating?
Breakfast								
Snack								
Lunch								
Snack								
Dinner								
Snack/Dessert								

Tuesday

	Protein	Carbs	Vegetable	Fruit	8 oz. glasses of water?	Any drinks (e.g., soda, specialty coffees)?	Any alcohol?	How was I feeling before eating?
Breakfast								
Snack								
Lunch								
Snack								
Dinner								
Snack/Dessert								

Wednesday

	Protein	Carbs	Vegetable	Fruit	8 oz. glasses of water?	Any drinks (e.g., soda, specialty coffees)?	Any alcohol?	How was I feeling before eating?
Breakfast								
Snack								
Lunch								
Snack								
Dinner								
Snack/Dessert								

Thursday

	Protein	Carbs	Vegetable	Fruit	8 oz. glasses of water?	Any drinks (e.g., soda, specialty coffees)?	Any alcohol?	How was I feeling before eating?
Breakfast								
Snack								
Lunch								
Snack								
Dinner								
Snack/Dessert								

Friday

	Protein	Carbs	Vegetable	Fruit	8 oz. glasses of water?	Any drinks (e.g., soda, specialty coffees)?	Any alcohol?	How was I feeling before eating?
Breakfast								
Snack								
Lunch								
Snack								
Dinner								
Snack/Dessert								

Saturday

	Protein	Carbs	Vegetable	Fruit	8 oz. glasses of water?	Any drinks (e.g., soda, specialty coffees)?	Any alcohol?	How was I feeling before eating?
Breakfast								
Snack								
Lunch								
Snack								
Dinner								
Snack/Dessert								

Sunday

	Protein	Carbs	Vegetable	Fruit	8 oz. glasses of water?	Any drinks (e.g., soda, specialty coffees)?	Any alcohol?	How was I feeling before eating?
Breakfast								
Snack								
Lunch								
Snack								
Dinner								
Snack/Dessert								