

## **FOOD/MOOD/ACTIVITY DIARY.**

**NAME:**

**DATE:**

It's important that this record be both accurate and representative of your normal dietary intake. Please record every single item you consume (including water, vitamins, condiments, etc.)

To do so, you must follow a few simple instructions (listed below). The purpose here is to correctly record and quantify your normal intake, not to judge it. If you change your eating habits in any way then we cannot analyze your typical diet. The procedure may seem somewhat cumbersome, but remember it is only a minimum of 3 days.

### **INSTRUCTIONS**

- 1) **Keep a pen and paper with you at all times** or type details into your phone's notes then transfer into diary. This is imperative as snacks are typically consumed unpredictably and, as a result, it is impossible to record them accurately unless you have something to record them on nearby.
- 2) **Use a small food scale if you have one**, or use standard measuring devices (e.g measuring cups, measuring spoons) to record the quantities consumed as accurately as possible.
- 3) **Record combination foods separately** (e.g burger, bun and condiments) and include brand names of food items (list contents of homemade items wherever possible. For package items use labels to determine quantities.
- 4) **Record 3 days that are representative of your normal intake**. Therefore if your weekdays are different from your weekends, pick two weekdays and one weekend. Likewise, if your Mon, Wed, Fri are different from your Tues, Thurs and all these days are different from your Sat and Sun, you should pick one day to represent each unique schedule.

### Day 1:

**Date:**

Time of day	Food /drink Item (include brand names)	Quantity (g, ml, Tbsp Tsp, cups etc)	Notes (include ingredients and amounts of homemade items)	Mood (stressed, tired, hap- py, relaxed etc)	Supplements (Type, brand, quantities)	Activity (type, in- tensity, du- ration)	Sleep (times)
Break- fast							
Lunch							
Dinner							
Bed							

## Day 2:

**Date:**

Time of day	Food /drink Item (include brand names)	Quantity (g, ml, Tbsp Tsp, cups etc)	Notes (include ingredients and amounts of homemade items)	Mood (stressed, tired, happy, relaxed etc)	Supplements (Type, brand, quantities)	Activity (type, intensity, duration)	Sleep (times)
Break-fast							
Lunch							
Dinner							
Snacks							
Bed							

### Day 3:

**Date:**

Time of day	Food /drink Item (include brand names)	Quantity (g, ml, Tbsp Tsp, cups etc)	Notes (include ingredients and amounts of homemade items)	Mood (stressed, tired, hap- py, relaxed etc)	Supplements (Type, brand, quantities)	Activity (type, in- tensity, du- ration)	Sleep (times)
Break- fast							
Lunch							
Dinner							
Snacks							
Bed							