

Please fill out the diary as accurately as possible. Use the example diary on the next page as a guide.

- Write down all the food and drinks you consume and any activity you do for at least 3 days (including a weekend)
- Include all snacks (and supplements if you take any)
- Include all alcoholic and all non alcoholic drinks
- Record the time that you consume the meal, snack, drink or do the activity
- Describe food and drink in as much detail as possible
- Rate your hunger before you eat using the hunger scale below
- Write down where you are and who you are with when eating and drinking
- Record your mood/feelings and/or any symptoms and the time they occur

Hunger scale

1	2	3	4	5	6	7	8	9	10
Physically faint	Ravenous	Fairly hungry	Slightly Hungry	Neutral	Pleasantly satisfied	Full	Stuffed	Bloated	Nauseous



An example of how to fill in your diary

[This is not a suggestion of what to eat]

Food/Drink/Activity	Quantity	Where/Who with	Feelings/Symptoms
Breakfast 8.00am Rice Krispies with semi-skimmed milk	Medium sized bowl, not much milk because didn't have much left!	At home, sitting at the table Alone	Hunger=3
Mid morning 11.00am Walkers salt and vinegar crisps Ribena	1 packet 1 juice box	At work With 1 colleague- Sue	Hunger=5 Felt tired
Lunch 12.30pm Chicken wrap from Tesco Apple Kitkat Diet Coke Walked to a different building quite briskly	All of it (2 halves) Whole thing Two sticks Most of the can 10 mins there and ten mins back	At work With colleagues- Martin, Edward and Tina	Hunger=9 Feeling bloated
Mid afternoon 3.30pm McVitie's milk chocolate digestive biscuits Cappucino (machine in hospital) with sugar	3 I cup and I teaspoon sugar	At work On my own	Hunger=5
Evening meal 7.30pm Vegetarian mince meat burgers Baked beans Mashed potatoes with added butter and milk Walls vanilla ice cream	2 2 tbsps Big scoop 3 scoops	At home With partner and kids	Hunger=3 Felt full after I had eaten and sleepy
Bedtime 9.00pm Hot chocolate (Packet) Rich tea biscuits	1 cup of milk 3	At home watching television Alone	Hunger=5 Habit, routine

Food/drink/activity	Quantity	Where/who with	Feelings/symptoms
Breakfast :			
Mid-morning :			
Lunch :			
Mid-afternoon :			
Evening meal :			
Bedtime :			

Day ___

Food/drink/activity	Quantity	Where/who with	Feelings/symptoms
Breakfast :			
Mid-morning :			
Lunch :			
Mid-afternoon :			
Evening meal :			
Bedtime :			

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