

Instructions for keeping your Food Diary

Keep track of everything you eat for one (1) day. Be sure to record a typical day when completing your food diary. If recording more than one day, complete each day on a separate diary sheet.

Please include the following information in your food diary:

Hours of Sleep:

Write down the total number of hours of sleep that you had on the previous night.

Food: What kind?

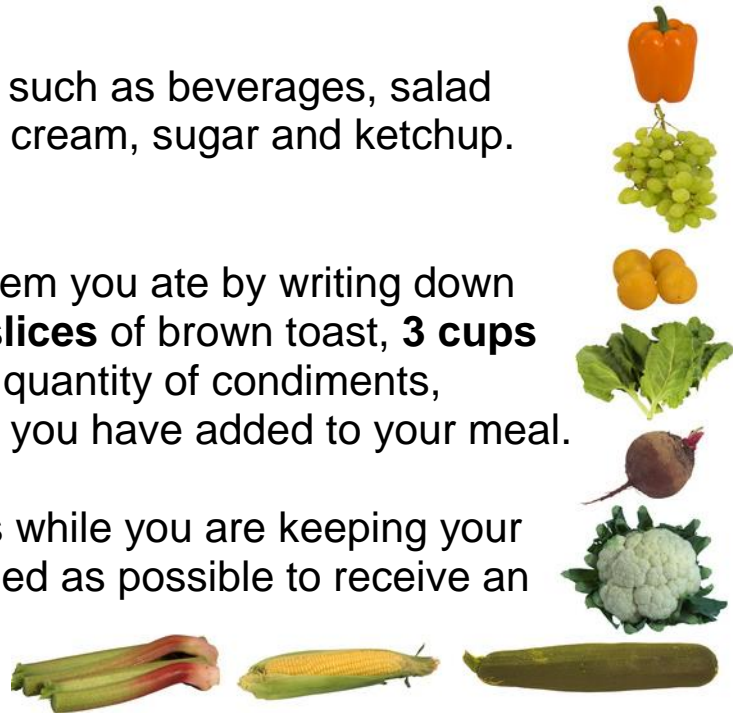
Write down the type of food you ate. Be as specific as you can. (example, 1 **cup** of 1% milk, 1 poached egg). Use brand and restaurant names as much as possible, for example 1 **Tim Horton's** breakfast sandwich, 1 cup of **Shreddies**, etc. Include any sauces and gravies.

Don't forget to write down "extras", such as beverages, salad dressing, mayonnaise, butter, sour cream, sugar and ketchup.

How much:

Indicate the amount of each food item you ate by writing down portion sizes (e.g. **30g** of meat, **2 slices** of brown toast, **3 cups** of 1% milk). Be sure to include the quantity of condiments, dressings, or any other ingredients you have added to your meal.

****Do not change your eating habits while you are keeping your food diary. Be as honest and detailed as possible to receive an accurate analysis of your diet.****



My Food Diary

 Please fill this out for **ONE DAY**

Name: _____

Date: _____

Hours of Sleep	_____ hours
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What you ate <i>(e.g. General Mills Fibre One Original Cereal)</i>	Ingredients Used <i>Be descriptive, e.g. whole wheat bread, lean turkey breast, 1% milk, etc.</i>	How much of each food/ingredient <i>E.g. cups, teaspoons, oz. (for meat use palm of hand and thickness in inches).</i>
BREAKFAST Time ____ : ____ AM/PM <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
SNACK Time ____ : ____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
LUNCH Time ____ : ____ AM/PM <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
SNACK Time ____ : ____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>
DINNER Time ____ : ____ AM/PM <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
SNACK Time ____ : ____ AM/PM <hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>

Once completed, please give your food diary to your health care professional & Rehab Team.