



# Food Diary:

*With Debbie Penz*

[www.debbiepenz.com](http://www.debbiepenz.com)

On the following pages you will find a 7 day food and activity record. Record everything you eat and how you feel before, during and after each meal for 7 days in a row and bring this to your next appointment. The food record will be used to complete a detailed nutrition assessment of your intake. Please try to be as honest and accurate as possible so that you can receive the most relevant advice. Don't be shy; I'm here to help!

## The following information is needed:

### ● **Type** and **amount** of food consumed

E.g. 3 oz. (deck of cards) boneless, skinless baked chicken breast  
E.g. 1 cup (1 fist) or 250 mL or 8 oz. of skim milk

### ● **Method** of food preparation

E.g. Pan-fried in non-stick cooking spray  
E.g. Fried in 2 teaspoons of canola oil

### ● **Brand names** of commercial products

E.g. 1 cup Campbell's cream of chicken soup made with 1% milk  
E.g. 1 McDonalds Big Mac

### ● **Condiments added to foods**

E.g. 1 Tablespoon regular peanut butter  
E.g. 1 teaspoon Becel soft tub margarine

### ● **Please write in how you felt:**

E.g. Before you ate: I am really hungry and have been this way for the last hour.  
E.g. While you eat: I am eating because I feel sad and food makes me feel better.  
E.g. After you eat: I am still hungry, even though I ate a lot of food. Or  
My stomach is very sore and I am belching and there is a lot of flatulence.

Please write in any good feelings that you may have also!

### ● **Write about how you sleep at night**

E.g. I had a hard time getting to sleep and I woke up at 1 am.



# Food Record- Day 1

Date: \_\_\_\_\_

With Debbie Penz

Please circle: I Ate:    less than usual    the same as usual    more than usual

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Meal	Amount	Food Eaten and Details (e.g. Brand, cooking method, how felt, sleep)
Breakfast  Time:		
Snack  Time:		
Lunch  Time:		
Snack  Time:		
Supper  Time:		
Snack  Time:		

<b>Physical Activity</b>	# of steps on Pedometer
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# Food Record- Day 2

Date: \_\_\_\_\_

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Please circle: I Ate:    less than usual    the same as usual    more than usual

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Meal	Amount	Food Eaten and Details (e.g. Brand, cooking method, how felt, sleep)
Breakfast  Time:		
Snack  Time:		
Lunch  Time:		
Snack  Time:		
Supper  Time:		
Snack  Time:		

<b>Physical Activity</b>	# of steps on Pedometer
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# Food Record- Day 3



Date: \_\_\_\_\_

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Please circle: I Ate:    less than usual    the same as usual    more than usual

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Meal	Amount	Food Eaten and Details (e.g. Brand, cooking method, how felt, sleep)
Breakfast  Time:		
Snack  Time:		
Lunch  Time:		
Snack  Time:		
Supper  Time:		
Snack  Time:		

<b>Physical Activity</b>	# of steps on Pedometer
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# Food Record- Day 4



Date: \_\_\_\_\_

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Please circle: I Ate:    less than usual    the same as usual    more than usual

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Meal	Amount	Food Eaten and Details (e.g. Brand, cooking method, how felt, sleep)
Breakfast  Time:		
Snack  Time:		
Lunch  Time:		
Snack  Time:		
Supper  Time:		
Snack  Time:		

<b>Physical Activity</b>	# of steps on Pedometer
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# Food Record- Day 5



Date: \_\_\_\_\_

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Please circle: I Ate:    less than usual    the same as usual    more than usual

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Meal	Amount	Food Eaten and Details (e.g. Brand, cooking method, how felt, sleep)
Breakfast  Time:		
Snack  Time:		
Lunch  Time:		
Snack  Time:		
Supper  Time:		
Snack  Time:		

<b>Physical Activity</b>	# of steps on Pedometer
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# Food Record- Day 6



Date: \_\_\_\_\_

With Debbie Penz

Please circle: I Ate:    less than usual    the same as usual    more than usual

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Meal	Amount	Food Eaten and Details (e.g. Brand, cooking method, how felt, sleep)
Breakfast  Time:		
Snack  Time:		
Lunch  Time:		
Snack  Time:		
Supper  Time:		
Snack  Time:		

<b>Physical Activity</b>	# of steps on Pedometer
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# Food Record- Day 7



Date: \_\_\_\_\_

With Debbie Penz

Please circle: I Ate:    less than usual    the same as usual    more than usual

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Meal	Amount	Food Eaten and Details (e.g. Brand, cooking method, how felt, sleep)
Breakfast  Time:		
Snack  Time:		
Lunch  Time:		
Snack  Time:		
Supper  Time:		
Snack  Time:		

<b>Physical Activity</b>	# of steps on Pedometer
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