

FOOD DIARY INSTRUCTIONS - notes & guidelines

Nothing will shock or disappoint us.

1. **Keep the diary handy with you** and fill it in as soon as you can after eating, since it is easy to forget what you have eaten or how you felt at the time.
2. **If you are exact& honest** we can learn what your “stuck” points are and help you so much better.
3. **Each diary covers 1 day** with one page for each day. The food diary is a key part of your treatment course, so please complete it as accurately as possible. Please don't fill it in as you think we Or as YOU want to see it. Showing relapse & problems helps us greatly with your treatment.
4. **Missed Appointments:** It is important to keep your appointments. A session is chargeable unless sufficient notice is given as stated by your practitioner.
5. **Please complete the Food Diary weekly.** You can save a copy on your computer [File, Save As ...for example...‘FoodDiaryJohnSmith12Jan2010’] & then Email it to your counsellor [click “Attach to Email” button at the bottom of the last page to attach to an email]

Here is an explanation of what the different columns are

<u>TIME</u>	Enter the time of each snack, meal, binge or nibble.
<u>Food & Drink</u>	Describe the food or drink you just had.
<u>Qty</u> <u>(amount /quantity)</u>	Never weigh your food but give us an idea of how much is eaten. E.g. “a small piece of chicken” or “two slices of toast thickly smeared with butter”.
<u>Where / With Whom</u>	The exact location in the house or anywhere else. Say if you are alone or with others. Are you doing anything else like standing up or watching television? Was this eaten in secret?
<u>Hunger Level</u>	Rate hunger on a scale 1 to 5 where 1 = not hungry and 5 = starving. Or just say how hungry you are or if you have cravings.
<u>Mood / State Of Mind</u>	This is open for you to tell us how you are feeling or if there is anything on your mind when you are eating. Are you bored or lonely, anxious or feeling “fat”. Are you having any physical symptoms like bloated or headachy or tired.
<u>V/L</u>	Write V if you made yourself sick or L if you took laxatives.
<u>Triggers</u>	What triggers do you notice?
<u>Comments</u>	Is there anything else important that may be useful? E.g. were you thinking “I shouldn't be eating this” or “I am fat anyway so why shouldn't I have it” or “I've blown it now”. Is anyone else influencing your eating choices? If you missed a snack tell us why.
<u>Today</u>	Highlight any significant events of today. Any changes made? How well did you cope?
<u>Tomorrow</u>	Are there any worries about tomorrow such as a party or other event threatening your eating control. How might you deal with this?



Food Diary

Name:

Day:

Date:

Time	Food & Drink	Qty	Where With Whom	Hunger Level (1-5)	Mood State of Mind	V L	Comments	Summary
								Today Did anything of importance or interest happen today? Lifestyle habit changes made?
								Tomorrow expectations, problems & your solutions

Please complete the Food Diary daily & take or send (email, post or fax by agreement) to your Counsellor