

5 Day Food Intake

Day 1 Date: _____

Breakfast (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Lunch (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Dinner (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Vegetables & Fruits:

Vegetables & Fruits:

Vegetables & Fruits:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
Other Drinks:

Mid-morning Snack:

Mid-day Snack:

Evening Snack:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

Number of Bowel Movements:

Number of Hours of Sleep:

Quality of Sleep: 1 2 3 4 5
(good→poor)

5 Day Food Intake

Day 2 Date: _____

Breakfast (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Lunch (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Dinner (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Vegetables & Fruits:

Vegetables & Fruits:

Vegetables & Fruits:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
Other Drinks:

Mid-morning Snack:

Mid-day Snack:

Evening Snack:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

Number of Bowel Movements:

Number of Hours of Sleep:

Quality of Sleep: 1 2 3 4 5
(good→poor)

3 Day Food Intake

Day 3 Date: _____

Breakfast (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Lunch (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Dinner (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Vegetables & Fruits:

Vegetables & Fruits:

Vegetables & Fruits:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
Other Drinks:

Mid-morning Snack:

Mid-day Snack:

Evening Snack:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

Number of Bowel Movements:

Number of Hours of Sleep:

Quality of Sleep: 1 2 3 4 5
(good→poor)

5 Day Food Intake

Day 4 Date: _____

Breakfast (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Lunch (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Dinner (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Vegetables & Fruits:

Vegetables & Fruits:

Vegetables & Fruits:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
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Mid-morning Snack:

Mid-day Snack:

Evening Snack:

How did you feel after eating?
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How did you feel after eating?
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Full, satisfied
Still hungry
Bloating/gassy
Cravings:

How did you feel after eating?
Full, but unsatisfied
Full, satisfied
Still hungry
Bloating/gassy
Cravings:

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

How did you feel 1-2 hrs later?
Good
Hungry
Tired
Energetic
Anxious
Depressed

Number of Bowel Movements:

Number of Hours of Sleep:

Quality of Sleep: 1 2 3 4 5
(good→poor)

5 Day Food Intake

Day 5 Date: _____

Breakfast (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Lunch (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Dinner (Time:)
Hunger level: 1 2 3 4 5 6 7 8 9 10
(not hungry→hungry)
Meat & Dairy:

Vegetables & Fruits:

Vegetables & Fruits:

Vegetables & Fruits:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Breads, Cereals & Grains:

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Fats (butter, margarine, oils):

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Candy, Sweets, & Junk Food:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
Other Drinks:

Water Intake (fl. oz.):
Other Drinks:

Mid-morning Snack:

Mid-day Snack:

Evening Snack:

How did you feel after eating?
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Cravings:

How did you feel after eating?
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Full, satisfied
Still hungry
Bloated/gassy
Cravings:

How did you feel 1-2 hrs later?
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Hungry
Tired
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How did you feel 1-2 hrs later?
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How did you feel 1-2 hrs later?
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Number of Bowel Movements:

Number of Hours of Sleep:

Quality of Sleep: 1 2 3 4 5
(good→poor)