Seven-Day Food Diary

Write down what you eat and drink for one week, as you go. Use one page for each day, then look back over the week on the last page. This diary has no calorie column and does not set any target.

What to write in each column

Column	What to write
Time	When you started eating or drinking, such as 7:30 a.m.
Meal, snack or drink	What you would call it: breakfast, lunch, dinner, snack or just a drink.
Food or drink	Each item on its own line or separated by commas, with how it was made and the brand if you know it. Include water, coffee, tea and other drinks.
How much	Your best estimate in cups, spoons, pieces or slices, or the number of package servings.
Where, and what else I was doing	For example at home, at work or in the car, and whether you were watching TV, working or talking with someone.
How I felt (optional)	A word or two, such as hungry, stressed, tired or bored.

Hypothetical example entries (invented to show how the columns work)

Time	Meal, snack or drink	Food or drink	How much	Where, and what else I was doing	How I felt (optional)
7:30 a.m.	Breakfast	Oatmeal cooked with water, topped with raisins; coffee with milk	About 1 cup oatmeal, 2 tablespoons raisins, 1 mug coffee	Kitchen table, reading the news	Hungry
10:15 a.m.	Drink	Water	1 refillable bottle	At my desk	Thirsty
3:00 p.m.	Snack	Whole-wheat crackers from the office kitchen (label serving: 5 crackers)	10 crackers (2 servings)	At work, between meetings	Bored, tired

General education for adults, not individual nutrition advice. If you follow a diet prescribed by your health care team, use the instructions they gave you. If writing down what you eat leaves you worried or preoccupied with food, stop and talk with a health care professional. This diary is yours: fill it in by hand and choose for yourself whether to share it.

Day 1 of 7

Date: _____

Time	Meal, snack or drink	Food or drink	How much	Where, and what else I was doing	How I felt (optional)

Anything I ate or drank today that is not written above?

_____

Day 2 of 7

Date: _____

Time	Meal, snack or drink	Food or drink	How much	Where, and what else I was doing	How I felt (optional)

Anything I ate or drank today that is not written above?

_____

Day 3 of 7

Date: _____

Time	Meal, snack or drink	Food or drink	How much	Where, and what else I was doing	How I felt (optional)

Anything I ate or drank today that is not written above?

_____

Day 4 of 7

Date: _____

Time	Meal, snack or drink	Food or drink	How much	Where, and what else I was doing	How I felt (optional)

Anything I ate or drank today that is not written above?

_____

Day 5 of 7

Date: _____

Time	Meal, snack or drink	Food or drink	How much	Where, and what else I was doing	How I felt (optional)

Anything I ate or drank today that is not written above?

_____

Day 6 of 7

Date: _____

Time	Meal, snack or drink	Food or drink	How much	Where, and what else I was doing	How I felt (optional)

Anything I ate or drank today that is not written above?

_____

Day 7 of 7

Date: _____

Time	Meal, snack or drink	Food or drink	How much	Where, and what else I was doing	How I felt (optional)

Anything I ate or drank today that is not written above?

_____

Looking back over the week

1. At what times did I usually eat and drink? Were some days very different from the others?

2. What did I drink each day, including water, coffee, tea, milk, juice and soda?

3. How many meals or snacks did I eat away from home?

4. What was I usually doing while I ate, such as watching TV, working or driving?

5. Did the same feelings or situations come up again and again before I ate, such as stress, boredom or tiredness?

6. Which habits from this week do I want to keep?

7. If I want to change something, which one, two or three things will I focus on first?

Sources: MedlinePlus, Eating habits and behaviors (keeping a food journal for one week). National Cancer Institute, Dietary Assessment Primer: Food Record at a Glance and Learn More about Reactivity. U.S. Food and Drug Administration, How to Understand and Use the Nutrition Facts Label and Serving Size on the Nutrition Facts Label. USDA FoodData Central, fdc.nal.usda.gov.

From the Cardio Guardian Editorial Team. Online version: getcardioguardian.com/nutrition/printable-7-day-food-diary-pdf/