

Food and Personal Observations

by _____ Date _____

Please take a few minutes throughout the diet diary period to reflect on these questions. It is helpful to know that sometimes the signals your body gives you about certain foods are vague sensations and generalized feelings. Please feel free to write on the back and add any additional information.

What time of day, if any, do I usually feel sleepy? _____

How do I feel, besides "hungry" before I eat ? Fine Tired Shaky Irritable Other _____

What foods seem to upset my stomach or give me gas? _____

What foods do I avoid and why? _____

What foods or kinds of foods do I crave and when? _____

What are my special treats? _____

What foods seem to give me energy? _____

Do I need to eat frequently to avoid an energy crash? _____

What foods seem to zap my energy? _____

Does my mouth often feel dry? Does my skin feel dry? _____

How do I usually feel after a meal? Satisfied Overly-full Bloating Other _____

Do I seem to have allergic responses, such as runny nose, immediately after eating certain foods?
To which foods? _____

Do I seem to have an emotional response to certain foods? Guilt Happiness Nostalgia Depression
Stress Reliever Other _____ To which foods? _____

Do I seem to have physical responses to certain foods? Shaky Attention-deficient Fatigue
Headache Other _____ To which foods? _____

What speed do I usually eat? Slowly Quickly Thoroughly-chewing Wash-it-down
Barely chew Other _____