

## Keep a Daily Food Diary

No excuses! This will be your biggest ally in getting to grips with your diet and improving your eating habits. Keeping a track of what you eat on a daily basis will allow you to see where you are going wrong and where patterns are forming that could slow your success.

I want you to complete this diary every day for a week. If you want the best physical results you NEED to do this. No 'ifs', no 'buts'. You must be made accountable for the food and drink that you consume.

*Print off the blank diary page or buy yourself a notebook. As you go through your day, write down everything that you eat and drink, no matter how small it may be. Don't worry about providing brand names. If you cook a meal don't be too concerned with writing down every last ingredient used. The important thing is you remember to write down EVERYTHING that you consume. You'd be amazed how much a few forgotten items here and there can add up.*

Please write in all liquid refreshments consumed too and add the quantity. This includes alcohol and coffee or tea.

**If you smoke please add your daily intake.**

If eating out please state so.

Remember also to note down how you feel at each meal or snack, and afterwards, between meals. Be 100% honest. Don't convince yourself otherwise. You will only be kidding yourself if, for example, you drink a high level of alcohol and processed food and fail to declare it.

Remember that 60-70% of the results that you gain from an exercise and lifestyle Program will come from the fuel that you feed your body – food and drink. Studying the foods that you eat will pay dividends for your future health and food satisfaction.

**Take the time to do this task and be prepared for great gains.**

### EXAMPLE

FOOD INTAKE List all food/drink consumed  Date: _____	SYMPTOMS OF EATING Place an 'X' next to symptoms you experience 1-2 hours after eating that meal					
<b>Breakfast</b>	<b>Appetite</b>	<b>X</b>	<b>Energy</b>	<b>X</b>	<b>Emotions</b>	<b>X</b>
Small bowl of porridge oats mixed 50/50 with milk and water, topped with a handful of seeds and raisins.	Feel full, satisfied	X	Revived	X	Emotional Uplift	
	NO sweet crave		Normal		Better well being	
	Don't feel hungry		Drowsy / Tired		More clarity	X
	Still hungry		Hyper / Shaky		Mentally slow	
1 cup of Green Tea	Need a snack		Exhausted		Unable to focus	
<b>Mid Morning</b>	<b>Appetite</b>	<b>X</b>	<b>Energy</b>	<b>X</b>	<b>Emotions</b>	<b>X</b>

Food Intake List all food/drink consumed  Date: _____	SYMPTOMS OF EATING Place an 'X' next to symptoms you experience 1-2 hours after eating that meal					
Breakfast	Appetite	x	Energy	x	Emotions	x
	Feel full, satisfied	<input type="checkbox"/>	Revived	<input type="checkbox"/>	Emotional Uplift	<input type="checkbox"/>
	NO sweet cravings	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Improved well being	<input type="checkbox"/>
	Don't feel hungry	<input type="checkbox"/>	Drowsy / Lethargic	<input type="checkbox"/>	More mental clarity	<input type="checkbox"/>
	Still hungry	<input type="checkbox"/>	Hyper / Shaky	<input type="checkbox"/>	Mentally slow	<input type="checkbox"/>
	Need a snack	<input type="checkbox"/>	Exhausted	<input type="checkbox"/>	Unable to focus	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mid Morning	Appetite	x	Energy	x	Emotions	x
	Feel full, satisfied	<input type="checkbox"/>	Revived	<input type="checkbox"/>	Emotional Uplift	<input type="checkbox"/>
	NO sweet cravings	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Improved well being	<input type="checkbox"/>
	Don't feel hungry	<input type="checkbox"/>	Drowsy / Lethargic	<input type="checkbox"/>	More mental clarity	<input type="checkbox"/>
	Still hungry	<input type="checkbox"/>	Hyper / Shaky	<input type="checkbox"/>	Mentally slow	<input type="checkbox"/>
	Need a snack	<input type="checkbox"/>	Exhausted	<input type="checkbox"/>	Unable to focus	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Lunch	Appetite	x	Energy	x	Emotions	x
	Feel full, satisfied	<input type="checkbox"/>	Revived	<input type="checkbox"/>	Emotional Uplift	<input type="checkbox"/>
	NO sweet cravings	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Improved well being	<input type="checkbox"/>
	Don't feel hungry	<input type="checkbox"/>	Drowsy / Lethargic	<input type="checkbox"/>	More mental clarity	<input type="checkbox"/>
	Still hungry	<input type="checkbox"/>	Hyper / Shaky	<input type="checkbox"/>	Mentally slow	<input type="checkbox"/>
	Need a snack	<input type="checkbox"/>	Exhausted	<input type="checkbox"/>	Unable to focus	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Mid Afternoon	Appetite	x	Energy	x	Emotions	x
	Feel full, satisfied	<input type="checkbox"/>	Revived	<input type="checkbox"/>	Emotional Uplift	<input type="checkbox"/>
	NO sweet cravings	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Improved well being	<input type="checkbox"/>
	Don't feel hungry	<input type="checkbox"/>	Drowsy / Lethargic	<input type="checkbox"/>	More mental clarity	<input type="checkbox"/>
	Still hungry	<input type="checkbox"/>	Hyper / Shaky	<input type="checkbox"/>	Mentally slow	<input type="checkbox"/>
	Need a snack	<input type="checkbox"/>	Exhausted	<input type="checkbox"/>	Unable to focus	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Dinner	Appetite	x	Energy	x	Emotions	x
	Feel full, satisfied	<input type="checkbox"/>	Revived	<input type="checkbox"/>	Emotional Uplift	<input type="checkbox"/>
	NO sweet cravings	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Improved well being	<input type="checkbox"/>
	Don't feel hungry	<input type="checkbox"/>	Drowsy / Lethargic	<input type="checkbox"/>	More mental clarity	<input type="checkbox"/>
	Still hungry	<input type="checkbox"/>	Hyper / Shaky	<input type="checkbox"/>	Mentally slow	<input type="checkbox"/>
	Need a snack	<input type="checkbox"/>	Exhausted	<input type="checkbox"/>	Unable to focus	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Evening	Appetite	x	Energy	x	Emotions	x
	Feel full, satisfied	<input type="checkbox"/>	Revived	<input type="checkbox"/>	Emotional Uplift	<input type="checkbox"/>
	NO sweet cravings	<input type="checkbox"/>	Normal	<input type="checkbox"/>	Improved well being	<input type="checkbox"/>
	Don't feel hungry	<input type="checkbox"/>	Drowsy / Lethargic	<input type="checkbox"/>	More mental clarity	<input type="checkbox"/>
	Still hungry	<input type="checkbox"/>	Hyper / Shaky	<input type="checkbox"/>	Mentally slow	<input type="checkbox"/>
	Need a snack	<input type="checkbox"/>	Exhausted	<input type="checkbox"/>	Unable to focus	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**Once you have completed your food diary for 7 days, sit down and look back over your week's dietary intake:**

You should begin to see patterns emerging, both good and bad.

Ask yourself the following questions about your eating habits:

**How often am I eating every day?**

**Am I going for hours without anything to eat?**

**How often am I eating grains?** (Bread, pasta, rice, cereals etc)

**How often am I eating vegetables?**

**How often am I eating fruit?**

**Am I eating much meat or fish?**

**How often am I snacking on junk food?**

**Am I eating a lot of processed and packaged foods?**

**How often am I drinking tea or coffee?**

**Am I drinking enough, if ANY, water daily?**

Then ask yourself how food makes you feel or react:

**Are you always tired?**

**Does food tend to cheer you up or improve your mood?**

**Are you always feeling hungry?**

**Do you suffer from an upset stomach or constipation on a regular basis?**

**Do you often feel that you are bloated or overfull?**

**Does food seem to give you energy or take it away?**

From these few brief questions you should be able to start seeing what is good and bad in your current diet, by how it affects you and whether it keeps you feeling satisfied.

By downloading your FREE Fat Loss Report on our homepage ([www.fitstreet.co.uk](http://www.fitstreet.co.uk)), you will gain a basic understanding of what changes need to be made to your eating habits, and how your current diet may well not match up to this right now.

Give it a go and see *just* how much the food and drink that you consume could be affecting your moods, your health, your energy and your weight. You may be surprised...

**Simon Dainton**, Founder, Fitstreet Fat Loss Specialists