

Over the next five days, record each meal on the FIVE DAY FOOD DIARY form. One to two hours after you eat, take the time to evaluate how you feel. Use the following abbreviations to describe your feelings associated with your Appetite Satiety, Energy Levels and Mind-Emotions Well-being. This will give us a good idea of the foods you should eat and those you should avoid. Continuing to sense this will help broaden both categories. When completed, please return or fax your food diary to our office.

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ON YOUR FIVE DAY FOOD DIARY FORM - 1-2 HOURS AFTER EACH MEAL,
CIRCLE ONE ABBREVIATION IN EACH OF THE THREE AREAS
THAT BEST DESCRIBES HOW YOU FEEL.

AREA #1	APPETITE SATIETY CRAVINGS
A1	Feel full, satisfied
A2	Do NOT have sweet cravings
A3	Do NOT desire more food
A4	Do NOT feel hungry
A5	Do NOT need to snack before next meal
A6	Feel physically full but still hungry
A7	Have desire for something sweet
A8	Not satisfied, felt like something was missing
A9	Already hungry
A10	Feel the need for a snack

Area #2	ENERGY LEVELS
E1	Feel renewed
E2	Have good lasting "normal" sense of energy
E3	Energy tanked from meal-exhaustion, sleepiness, drowsiness, listlessness or lethargy
E4	Meal gave too much or too little energy
E5	Became hyper, jittery, shaky, nervous or speedy
E6	Felt hyper but exhausted underneath

Area #3	MIND - WELL BEING - EMOTIONS
M1	Improved well-being
M2	Sense of feeling refueled, renewed and restored
M3	Some emotional up-liftment
M4	Improved mental clarity and sharpness
M5	Normalization of thought process
M6	Mentally slow
M7	Inability to think quickly or clearly
M8	Hyper, over rapid thoughts
M9	Inability to focus or concentrate
M10	Apathy, depression, withdrawal or sadness
M11	Anxious, obsessive, fearful, angry or irritable

Dr. Robert E. Monokian

Date: _____

Pt Name: _____

File #: _____

FIVE DAY FOOD DIARY
NUTRITIONAL ANALYSIS

DAY 1 2 3 4 5 (CIRCLE ONE)	FOOD AND DRINKS (Record ALL food and drinks)	TIME OF DAY SYMPTOMS APPEAR	SYMPTOMS DESCRIPTION (headaches, dizziness, bloating etc)	HOW I FEEL 1-2 HOURS AFTER EACH MEAL (Refer to Food Diary Abbreviations) (Circle 1 in each of the three areas)
BREAKFAST Time: _____				APPETITE A1 A2 A3 A4 A5 A6 A7 A8 A9 A10 ENERGY E1 E2 E3 E4 E5 E6 MIND M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11
LUNCH Time: _____				APPETITE A1 A2 A3 A4 A5 A6 A7 A8 A9 A10 ENERGY E1 E2 E3 E4 E5 E6 MIND M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11
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Bowel Movements – Current Date (Number and Consistency): _____

Hours of Sleep Last Night: _____ Quality of Sleep – Circle one: (Good) 1 2 3 4 5 (Poor)

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