**Food diary**

**Date………………………………**

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| Please include all foods and drinks consumed each day with approximate or exact portion sizes and how the foods were cooked (e.g. fried, baked etc.). Also include how hungry you felt and how you were feeling using the keys below.  |
| **Time** | **Food and drinks consumed** | **Hunger level**1:Not hungry2: Fairly hungry3: Very hungry | **Mood level**1: Happy2: Fair3: Unhappy |
| **Breakfast** |  |  |  |
| **Mid-morning** |  |  |  |
| **Lunch** |  |  |  |
| **Mid-afternoon** |  |  |  |
| **Supper** |  |  |  |
| **Other** |  |  |  |

**Please complete for 7 days**

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**Please complete for 7 day**

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| **Food diary analysis and recommendations** |
| **Client’s goals regarding healthy eating or any fitness related objectives (e.g. fat loss, muscle gain, preparing for an event).** |
| **Eating or drinking behaviours that are detrimental to the client’s health.** |
| **Positive eating behaviours that the client should continue.** |
| **Hydration levels and water consumption.** |
| **Caffeine consumption.** |
| **Alcohol consumption.** |
| **Processed food consumption.** |
| **Fruit and vegetable consumption.** |
| **Macronutrients analysis - Carbohydrate.** |
| **Macronutrients analysis - Protein.** |
| **Macronutrients analysis - Fats.** |
| **What changes does the client need to implement to their current nutrition to meet their goals?** |
| **What potential barriers to change may your client face?**  |
| **What methods would you recommend to your client to overcome these barriers?** |
| **How will training affect your client’s nutritional requirements? Include any recommendations related to the client’s fitness goals.** |