

# EIGHT DAY FOOD DIARY

Please include all foods eaten and the approximate amount. Also include all drinks, other than water, you drink with each meal. In the space provided, estimate the amount of water you drink each morning, afternoon and evening. Is the water filtered? The more information you can include in this Diary, the more help it will be for you in demonstrating the areas that need attention first. We will go over the diary with you to determine the most practical ways you can achieve your goals. Details are important, when you need more space to write, flip the page.

## FIRST DAY

*Breakfast*

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*Morning Snacks*

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*Lunch*

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*Afternoon Snacks*

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*Supper*

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*Evening Snacks*

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*Describe how you've felt today.*

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Water drank in the morning \_\_\_\_\_ ounces.  
Water drank in the afternoon \_\_\_\_\_ ounces.  
Water drank in the evening \_\_\_\_\_ ounces.

## SECOND DAY

*Breakfast*

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*Morning Snacks*

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*Lunch*

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*Afternoon Snacks*

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*Supper*

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*Evening Snacks*

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*Describe how you've felt today.*

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Water drank in the morning \_\_\_\_\_ ounces.  
Water drank in the afternoon \_\_\_\_\_ ounces.  
Water drank in the evening \_\_\_\_\_ ounces.

This paper written by Bill Cooper. It's not to be used as a tool for self-diagnosis. If you have health concerns, please consult your doctor. For more copies, call 719-477-0984 © The Dancing Aque Co.

# PURPOSE AND GOALS OF THE FOOD DIARY

By keeping track of every thing you ingest for eight days, you will be able to recognize patterns in your eating habits. This will identify foods you can consider replacing. Look for symptoms such as flatulence, (gas) cramps, bloating, or sudden tiredness, (feeling sleepy). These are indications that the body is having to work hard to digest the meal that was just eaten. Make a note, in the space provided, of when you experience any of these conditions. It will help you to identify patterns. This is the main purpose of all this work. Need more space, flip the page.

## THIRD DAY

Breakfast \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Morning Snacks \_\_\_\_\_  
\_\_\_\_\_

Lunch \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Afternoon Snacks \_\_\_\_\_  
\_\_\_\_\_

Supper \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evening Snacks \_\_\_\_\_  
\_\_\_\_\_

Describe how you've felt today.  
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Water drank in the morning \_\_\_\_\_ ounces.  
Water drank in the afternoon \_\_\_\_\_ ounces.  
Water drank in the evening \_\_\_\_\_ ounces.

## FOURTH DAY

Breakfast \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Morning Snacks \_\_\_\_\_  
\_\_\_\_\_

Lunch \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Afternoon Snacks \_\_\_\_\_  
\_\_\_\_\_

Supper \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evening Snacks \_\_\_\_\_  
\_\_\_\_\_

Describe how you've felt today.  
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Water drank in the morning \_\_\_\_\_ ounces.  
Water drank in the afternoon \_\_\_\_\_ ounces.  
Water drank in the evening \_\_\_\_\_ ounces.

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## FIFTH DAY

Breakfast

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Morning Snacks

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Lunch

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Afternoon Snacks

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Supper

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Evening Snacks

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*Describe how you've felt today.*

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Water drank in the morning \_\_\_\_\_ ounces.  
Water drank in the afternoon \_\_\_\_\_ ounces.  
Water drank in the evening \_\_\_\_\_ ounces.

## SIXTH DAY

Breakfast

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Morning Snacks

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Lunch

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Afternoon Snacks

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Supper

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Evening Snacks

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*Describe how you've felt today.*

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Water drank in the morning \_\_\_\_\_ ounces.  
Water drank in the afternoon \_\_\_\_\_ ounces.  
Water drank in the evening \_\_\_\_\_ ounces.

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## SEVENTH DAY

*Breakfast*

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*Morning Snacks*

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*Lunch*

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*Afternoon Snacks*

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*Supper*

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*Evening Snacks*

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*Describe how you've felt today.*

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Water drank in the morning \_\_\_\_\_ ounces.  
Water drank in the afternoon \_\_\_\_\_ ounces.  
Water drank in the evening \_\_\_\_\_ ounces.

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## EIGHTH DAY

*Breakfast*

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*Morning Snacks*

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*Lunch*

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*Afternoon Snacks*

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*Supper*

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*Evening Snacks*

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*Describe how you've felt today.*

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Water drank in the morning \_\_\_\_\_ ounces.  
Water drank in the afternoon \_\_\_\_\_ ounces.  
Water drank in the evening \_\_\_\_\_ ounces.