

Christians in Recovery® Food Diary

Morning - Time: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Beverage: _____ Portion: _____ Calories: _____ Carbs: _____

Snack - Time: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Beverage: _____ Portion: _____ Calories: _____ Carbs: _____

Lunch - Time: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Beverage: _____ Portion: _____ Calories: _____ Carbs: _____

Snack - Time: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Beverage: _____ Portion: _____ Calories: _____ Carbs: _____

Dinner - Time: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Food: _____ Portion: _____ Calories: _____ Carbs: _____

Beverage: _____ Portion: _____ Calories: _____ Carbs: _____

Daily Total Calories: _____ **Carbs:** _____

Did you eat anything because of habit? Yes / No

Did you skip any meals? Yes / No

Did you go longer than four to five hours without eating? Yes / No

Did you eat too little in the morning? Yes / No

Did you eat more at night than at any other time? Yes / No

Did you eat a lot of high-fat or sugar laden foods? Yes / No

Did you eat the same foods as you do every other day? Yes / No

Did your emotions (rather than hunger) cause you to eat at any time today? Yes / No

If you answered yes to one or more questions, plan how you can avoid these problems in the future.

Record your thoughts, prayers, helpful scripture, events that may have lead to improper eating, etc. :
