

The MEDICINE TREE

Name: _____

Please complete your Diet Diary / Exercise Log every day. Ideally, I would like you to keep this diary for 5-7 days. The minimum is 3 days.

A couple of important details:

1. Please be honest! There is no right or wrong way to keep this diary. I provide a template but feel free to capture this information in a way that is easy for you.
2. The more information, the better. The more detail (meal times, portion sizes, specific types of food, names of restaurants, bottled dressing names, etc) the better.
3. Make note of the time you wake up and the time you go to sleep.
4. List and describe in detail all foods and drinks including the amount of each. Make note as to whether the food was fresh, frozen, canned, raw, cooked, baked, fried, etc. Note the time of each meal or snack. Be sure to list everything you eat or drink, including any condiments used (ie: mayonnaise, mustard, ketchup, etc)
5. Keep track of how much water you drink and list the amount in ounces in the section provided. Also note the type and amount of any other drinks you consume.
6. Write down any kind of exercise/activity you did and for how long you did it.
7. Note any periods of relaxation and what kind of relaxation it was.
8. There are areas for emotional and physical response for each meal. Both of these are very important to understanding your relationship with food. What I am looking for is how you felt after eating the meal. The following vocabulary may be helpful as you fill this section out.

a. Emotional Response Terminology

Negative		Positive	
Anxious	Scared	Positive	Confident
Scared	Mad	Excited	Energized
Sad	Depressed	Calm	Happy
Scattered	Restless	Interested	Focused
Irritable	Agitated	Relaxed	
Hyper			

b. Physical Response Terminology

Negative		Positive	
Headaches	Stomach Pain	Alert	Hunger
Fatigue	Insomnia	Stamina	Strong Breath
Restlessness	No concentration	High Energy	Restful Sleep
Shakiness		Focus	

DAY 1	Date:
Wake up:	
Morning Meal / Time	
Physical Response: Emotional Response:	
Mid-Day Meal / Time	
Physical Response: Emotional Response:	
Evening Meal / Time	
Physical Response: Emotional Response:	
Snack(s) / Time(s)	
Physical Response: Emotional Response:	
Water (ounces)	
Other Drinks	
Activity/Exercise	
What kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

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DAY 2	Date:
Wake up:	
Morning Meal / Time	
Physical Response: Emotional Response:	
Mid-Day Meal / Time	
Physical Response: Emotional Response:	
Evening Meal / Time	
Physical Response: Emotional Response:	
Snack(s) / Time(s)	
Physical Response: Emotional Response:	
Water (ounces)	
Other Drinks	
Activity/Exercise	
What kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

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DAY 3	Date:
Wake up:	
Morning Meal / Time	
Physical Response: Emotional Response:	
Mid-Day Meal / Time	
Physical Response: Emotional Response:	
Evening Meal / Time	
Physical Response: Emotional Response:	
Snack(s) / Time(s)	
Physical Response: Emotional Response:	
Water (ounces)	
Other Drinks	
Activity/Exercise	
What kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

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DAY 4	Date:
Wake up:	
Morning Meal / Time	
Physical Response: Emotional Response:	
Mid-Day Meal / Time	
Physical Response: Emotional Response:	
Evening Meal / Time	
Physical Response: Emotional Response:	
Snack(s) / Time(s)	
Physical Response: Emotional Response:	
Water (ounces)	
Other Drinks	
Activity/Exercise	
What kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

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DAY 5	Date:
Wake up:	
Morning Meal / Time Physical Response: Emotional Response:	
Mid-Day Meal / Time Physical Response: Emotional Response:	
Evening Meal / Time Physical Response: Emotional Response:	
Snack(s) / Time(s) Physical Response: Emotional Response:	
Water (ounces)	
Other Drinks	
Activity/Exercise What kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

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DAY 6	Date:
Wake up:	
Morning Meal / Time Physical Response: Emotional Response:	
Mid-Day Meal / Time Physical Response: Emotional Response:	
Evening Meal / Time Physical Response: Emotional Response:	
Snack(s) / Time(s) Physical Response: Emotional Response:	
Water (ounces)	
Other Drinks	
Activity/Exercise What kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

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DAY 7	Date:
Wake up:	
Morning Meal / Time	
Physical Response: Emotional Response:	
Mid-Day Meal / Time	
Physical Response: Emotional Response:	
Evening Meal / Time	
Physical Response: Emotional Response:	
Snack(s) / Time(s)	
Physical Response: Emotional Response:	
Water (ounces)	
Other Drinks	
Activity/Exercise	
What kind: How Long:	
Relaxation Type: How Long:	
Sleep Time:	

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