**FOOD DIARY**

GENERAL INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| First and last name | Age | Weight and height | Date |
| E-mail | | Phone number and Skype | |
| Doctor’s diagnoses/decisions | | Food supplements, medications you are using at the moment | |
| Job title, occupation, or the field of work | | | |
| Problems and reasons for turning to the consultation | | | |
| Personal expectations and goals to the nutritional therapist/therapy | | | |

HEALTH CONDITION

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| Allergies (food-related, pollen etc) |
| Daily physical activity |
| Evaluation to your general mood, energy and fatigue levels |
| Sleep quality on a scale from 0 to 6 (0- not rested, 6- always wake up feeling rested) |
| Strength of your immune system (ability to fight off viruses, herpes, running nose, warts etc) |
| Digestive issues (please list gastrointestinal issues, how often you experience these, and a reason you associate with the problem) |

GENERAL DIET

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| Preferred food and appetites (what are you craving) |
| Food items you avoid (which ones and for what reason?) |
| Problematic food items and healthier alternatives (are there any?) |
| Food intolerance (Which one and have you been tested?) |

EMOTIONAL AND STRESS EATING

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| Food items you ate when you were not actually hungry (for example., eating when you are feeling poorly, are stressed, tired etc) |

1. DAY DIARY

|  |  |
| --- | --- |
| Breakfast / time | Snack / time |
| Lunch / time | Snack / time |
| Dinner / time | Other food during the evening / time |
| Water during the day (glasses / L) | Comments (for example, regular, unusual, party etc) |

1. DAY DIARY

|  |  |
| --- | --- |
| Breakfast / time | Snack / time |
| Lunch / time | Snack / time |
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We confirm that Confido shall maintain secrecy with regard to the data about the patient’s person, medical condition and personal details.

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