In Due Thyme
Midwifery Care

Diet Log Form

Name_____ Date_____ Log # _____Code_____

Are you a Vegan? Strict vegitarian? Lacto-ovo vegitarian? How much soy do you ingest?_____
Do you ingest raw milk? _____ Do you buy locally produced foods? _____ Do you buy organic foods?_____
How much of your diet is local and/or organic? _____ How often do you snack?_____
What are the main oils you use?_____ __
When you feel a need for sweets, what are your choices?_____

How often do you?	Every Day	Almost Every Day	3-4 Times A week	Once or Twice a Week	Almost Never	Never
Skip a Meal						
Reduce calories to keep your weight low						
Eat canned vegetables						
Eat fresh leafy greens, not a salad green						
Eat tofu or tempeh or drink soymilk						
Eat whole grains						
Eat sweets						
Drink sodas						
Drink caffeinated beverages						
Drink alcohol						
Smoke tobacco						
Eat out of the home						

Log below everything you eat and drink in a day, including water and the amounts of each item. If you have more blanks, continue the log.

Time	Food	Amount	Time	Food	Amount

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Reviwed by ____ Date ______________________

Day Two Log:

Time	Food	Amount	Time	Food	Amount

Reviewed by ____ Date ___________________________