

Instructions:

For 3 – 5 days please write down everything you eat. Please also include your water intake, bowel movements and physical activity.

*In the personal observations portion, you will want to write down observations such as:

- What is my energy like when I eat?
- How do I feel before and after a meal?
- Am I eating too fast?
- What motivates me to eat?
- How do I feel after drinking certain liquids?
- How do I feel after eating certain foods?
- Do I experience a runny nose, headache, fatigue, acid, bloating or gassiness after I eat a certain food?

- When entering food, please include measurements in the **Units** column such as cups, ounces, grams, tablespoons, teaspoon, pint, cup, pound, etc. This will give me the ability to create a more accurate diet analysis for you.

Example:

Breakfast			
Time	Food Name	Units	Amount
7:30 a.m.	Grapes	Cup	1
7:30 a.m.	Eggs, scrambled	Large egg	2

- If you used a recipe to prepare a meal, then please attach the recipe.
- If you are having a certain brand of food like Kashi, etc, then please also identify this on your diet diary.

Day 1 - Breakfast			
Time	Food Name	Units	Amount
Snack			
Lunch			
Snack			
Dinner			

Bowel Movements

Time	Consistency

Today's water intake in ounces

Day 2 - Breakfast			
Time	Food Name	Units	Amount
Snack			
Lunch			
Snack			
Dinner			

Bowel Movements

Time	Consistency

Today's water intake in ounces

Day 3 - Breakfast			
Time	Food Name	Units	Amount
Snack			
Lunch			
Snack			
Dinner			

Bowel Movements

Time	Consistency

Today's water intake in ounces

Day 4 - Breakfast			
Time	Food Name	Units	Amount
Snack			
Lunch			
Snack			
Dinner			

Bowel Movements

Time	Consistency

Today's water intake in ounces

Day 5 - Breakfast			
Time	Food Name	Units	Amount
Snack			
Lunch			
Snack			
Dinner			

Bowel Movements

Time	Consistency

Today's water intake in ounces
