



Name: _____

Date To Begin: _____

Diet Diary

Directions:

The purpose of this diary is **not** to judge your eating habits, but to learn more about your nutritional, biochemical, hormonal needs and strengths. For instance, if you eat a bag of Peanut M&M's[®] every day for breakfast, we will learn that each morning you are craving protein and something sweet. With this information we will then be able to make an alternative recommendation for breakfast that is both healthy and meets your morning cravings.

Please write down everything you eat for meals & snacks and the times at which you eat them. If you run out of room, please feel free to continue writing in either the Symptoms/Cravings or bowel movements (BMs) column. Please list **brand names** of foods you bought in a supermarket and/or the **exact ingredients** of homemade foods. Please write the **quantity** of the food you consume.

Example:

Please do not write: Chicken sandwich, chips, chocolate @ 12:45pm

Please write instead: 2 slices of Wonder[®] Classic White Bread, 3 slices of DeliFresh, Cajun Seasoned Chicken Breast from Oscar Mayer[™], 1 leaf of romaine lettuce, 1 slice of organic tomato, 2 Tbsp Miracle Whip[™], approximately 2 cups of Lay's[®] Sour Cream & Onion Potato Chips, 7 Almond Hershey Kisses[®] @ 12:45pm

Under Symptoms/Cravings section, please list any food cravings, unwanted symptoms (physical, mental or emotional: e.g. headache, cramping, heartburn, gas, sadness, anger, etc.), and the times of day that you experienced them.

Under BMs section, please list the time you had a bowel movement, if it was loose/diarrhea or constipated and if there was any blood or mucous in the stool or on the toilet paper. Check out the Bristol Stool Scale online to help make your description of your stool simpler by using numbers to describe it.

Breakfast/Snacks (times)	Lunch/Snacks (times)	Dinner/Snacks (times)	Symptoms/Cravings (times)	BMs (times)
Day1				
Day 2				

Breakfast/Snacks (times)	Lunch/Snacks (times)	Dinner/Snacks (times)	Symptoms/Cravings (times)	BMs (times)
Day 3				
Day 4				

Breakfast/Snacks (times)	Lunch/Snacks (times)	Dinner/Snacks (times)	Symptoms/Cravings (times)	BMs (times)
Day 5				
Day 6				

Breakfast/Snacks (times)	Lunch/Snacks (times)	Dinner/Snacks (times)	Symptoms/Cravings (times)	BMs (times)
Day 7				