



DIET DIARY

3 DAY DIET DIARY INSTRUCTIONS

It is very important to keep an accurate record of your usual food and beverage intake as a part of your treatment plan. Please complete this Diet Diary for 3 consecutive days including one weekend day.

- Do not change your eating behavior at this time, as the purpose of this food record is to analyze your present eating habits
- Record information as soon as possible after the food has been consumed
- Describe the food/beverage as accurately as possible (i.e. whole/2%/skim milk, wheat/white/buttered toast, etc)
- Record the amount of each food/beverage consumed using standard measurements (i.e. 8 ounces, ½ cup, 1 teaspoon, etc)
- Include any added items (i.e. tea with 1 tsp of honey, potato with 2 tsp of butter, etc)
- Record all beverages, including water
- Include any comments about your eating habits on this form (i.e. craving sweets, skipped meal and why, if at a restaurant, etc)
- Please note all bowel movements and their consistency (i.e. regular, loose, firm, etc)

Name: _____

Date: _____

DAY 1

Time	Food/Beverage and Amount	Comments

Bowel movements (number, form, color): _____

Stress/mood/emotions: _____

Other comments: _____

Other: _____

DAY 2

Time	Food/Beverage and Amount	Comments

Bowel movements (number, form, color): _____

Stress/mood/emotions: _____

Other comments: _____

Other: _____

DAY 3

Time	Food/Beverage and Amount	Comments

Bowel movements (number, form, color): _____

Stress/mood/emotions: _____

Other comments: _____

Other: _____