

INSTRUCTIONS FOR COMPLETING A LIFESTYLE and DIET DIARY

DATE

Write in the date of the diary entries.

TIME

Write down, as accurately as possible, the time you eat for each meal (breakfast, Lunch, Dinner and Snacks).

MEALS – BREAKFAST, LUNCH, DINNER, AND SNACKS

Under each meal column include all food eaten be sure to include fluids, vitamins, supplements and medications.

Write in the amount of food you eat in the 'How Much' column, like “bowl of Oatmeal with a cup of milk and banana.” Among the measurements you may use is fluid ounce, ounce-weight, cup, gram, teaspoon (jam), slice (bread), tablespoon, gallon, liter, or milliliters. If you list something as a “cup” (as in coffee or tea), a “glass” (milk, beer, water, etc.), or a “bottle” or “can,” estimate the size of the container. You may also write in just the quantity of the food when the amount is obvious, like “1 turkey sandwich, 2 apples, or a “serving of McDonald’s fries” (but write in whether it was a small or large order) and be specific about the ingredients in the food like what are ingredients in a Chinese dinner such vegetables or meat, type of rice (brown or white).

It is also important that you **write in brand names of foods that you eat**, as nutrient content will vary by manufacturer. And finally, **write in the contents of foods where appropriate**. For example, instead of writing “vegetable soup”, write in “soup with carrots, vegetable broth, onion, garlic, etc.” for foods with multiple ingredients.

BOWEL, URINE, GAS

List your bowel movements, urine voids and any flatulence (gas). Again, try to correlate these entries with the times. Also, **note any changes or abnormalities** in bowel movements or urine, such as constipation, diarrhea, excessive quantity of urination, color changes, etc.

PERSONAL OBSERVATIONS

Write in your emotions, as well as energy and physical stress levels. This is the place to chart your ups and downs during the day. Typical entries might include: “sad, depressed, high energy, low energy, very happy, tired, poor sleep last night, sleepy, runny nose, caught a cold, feeling very irritable, fighting with partner.” Do not limit yourself to just these entries. What is important is that you depict a picture of the ebbs and flows of your day. Try to correlate the entries as closely as possible with the times listed to the left on the diet diary form.

SPECIFIC SYMPTOMS:

If you are having specific symptoms, like gastrointestinal pain, asthma, muscle or joint pains, skin problems, headaches, etc... describe these, and rate the severity of the problem here.

List your activity level (i.e., whether you are sedentary or active). Typical listings might include, “short walk, worked in the garden, ran three miles, sat in the office all day.”

Daily Food Diary

Name: _____

Date:

Day 1

| Qty | Breakfast – Time: | Drink | Other - Supplements, Medications |
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| | Snacks | | |
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| | Lunch – Time: | | |
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| | Snacks | | |
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| | Dinner – Time: | | |
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| Bowel Movement Journal |
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| Personal Observations Journal (record your mood, energy level, physical symptoms) |
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Daily Food Diary

Name: _____

Date:

Day 2

| Qty | Breakfast – Time: | Drink | Other - Supplements, Medications |
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| | Snacks | | |
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| | Lunch – Time: | | |
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| | Snacks | | |
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| | Dinner – Time: | | |
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| Bowel Movement Journal |
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| Personal Observations Journal (record your mood, energy level, physical symptoms) |
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Daily Food Diary

Name: _____

Date: /

Day 4

| Qty | Breakfast – Time: | Drink | Other - Supplements, Medications |
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| | Snacks | | |
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| | Lunch – Time: | | |
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| | Snacks | | |
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| | Dinner – Time: | | |
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| Bowel Movement Journal |
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| Personal Observations Journal (record your mood, energy level, physical symptoms) |
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Daily Food Diary

Name: _____

Date: / /

Day 5

| Qty | Breakfast – Time: | Drink | Other - Supplements, Medications |
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| | Snacks | | |
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| | Lunch – Time: | | |
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| | Snacks | | |
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| | Dinner – Time: | | |
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| Bowel Movement Journal |
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| Personal Observations Journal (record your mood, energy level, physical symptoms) |
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Daily Food Diary

Name: _____

Date: /

Day 7

| Qty | Breakfast – Time: | Drink | Other - Supplements, Medications |
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| | Snacks | | |
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| | Lunch – Time: | | |
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| | Snacks | | |
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| | Dinner – Time: | | |
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| Bowel Movement Journal |
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| Personal Observations Journal (record your mood, energy level, physical symptoms) |
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