

# The Daily Diet Diary and Personal Observation Packet

## Instructions:

Please use this diet diary to keep track of your food intake for 3 consecutive days with at least 1 day on the weekend. It is important to record all foods, beverages, medications, and supplements. Please provide the amounts/portions of the foods eaten, cooking methods (steamed, baked, fried, etc.), ingredients, and brand names for packaged foods.

The purpose of the Diet Diary is for both me and you to get a better understanding of your diet patterns. Try to eat as you do normally and try not to judge yourself or worry about what I might observe. In order for me to help you in the best that I can, it is important that you provide the most accurate information possible.

It is important to record your bowel movements. Nutritionists have a saying: “Health or disease begins in the colon.” By observing the timing, consistency, and condition of your stool we have a window into how well your body is assimilating the food you eat. Here are a few characteristics to look for: Consistency (scale of 1 to 7: 1 is constipation or very hard; 7 is diarrhea, liquid; 4 is just right), food particles in stool, color (greenish, yellowish, gray, walnut color), mucus in stool, floating stool, sticky stool. There is an area on the 2nd page of the Daily Diet Diary to record this information; especially make note if you have any gas, bloating, or discomfort associated with your movement.

By keeping a detailed record of your common diet patterns and their effects on your body and state of mind, a clearer understanding of how your diet is affecting your health will begin to emerge. This information will make it easier to determine treatment options and create nutritional goals that will put you on the path to optimum health.

Meal	Day One	Day Two	Day Three
Breakfast (List amounts and if packaged food list brand.)	____; ____ AM _____ _____ _____	____; ____ AM _____ _____ _____	____; ____ AM _____ _____ _____
Lunch (List amounts and if packaged food list brand.)	____; ____ PM _____ _____ _____	____; ____ PM _____ _____ _____	____; ____ PM _____ _____ _____
Dinner (List amounts and if packaged food list brand.)	____; ____ PM _____ _____ _____	____; ____ PM _____ _____ _____	____; ____ PM _____ _____ _____
Snacks (List amounts, if packaged food list brand and list times eaten)	_____ _____ _____	_____ _____ _____	_____ _____ _____
Liquids (List amount, time and if caffeinated)	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

Meal	Day One	Day Two	Day Three
Breakfast (List bowel movements if any, and what is your mood: tired, energetic, focused, foggy brain)	____; ____ AM Bowel: _____ _____ Mood: _____ _____	____; ____ AM Bowel: _____ _____ Mood: _____ _____	____; ____ AM Bowel: _____ _____ Mood: _____ _____
Lunch (List bowel movements if any, and what is your mood: tired, energetic, focused, foggy brain)	____; ____ PM Bowel: _____ _____ Mood: _____ _____	____; ____ PM Bowel: _____ _____ Mood: _____ _____	____; ____ PM Bowel: _____ _____ Mood: _____ _____
Dinner (List bowel movements if any, and what is your mood: tired, energetic, focused, foggy brain)	____; ____ PM Bowel: _____ _____ Mood: _____ _____	____; ____ PM Bowel: _____ _____ Mood: _____ _____	____; ____ PM Bowel: _____ _____ Mood: _____ _____
Snacks (List bowel movements if any, and what is your mood: tired, energetic, focused, foggy brain)	____; ____ AM Bowel: _____ _____ Mood: _____ _____	____; ____ AM Bowel: _____ _____ Mood: _____ _____	____; ____ AM Bowel: _____ _____ Mood: _____ _____
Snacks (List bowel movements if any, and what is your mood: tired, energetic, focused, foggy brain)	____; ____ PM Bowel: _____ _____ Mood: _____ _____	____; ____ PM Bowel: _____ _____ Mood: _____ _____	____; ____ PM Bowel: _____ _____ Mood: _____ _____