

### 3 DIET DIARY

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Diet Diary Guidelines:** Write down **EVERYTHING** you eat and drink for meals and snacks with the times. List **BRAND NAMES** of food purchased in the supermarket. List **EXACT INGREDIENTS** of foods (i.e not 'salad' but 'spinach, tomato, cucumbers, etc'). The purpose of this diary is **NOT** to judge your eating habits, but to learn more about your nutritional, biochemical, hormonal needs and strengths. Under BM, please list the time you have the bowel movement and note if it was **D** (diarrhea) or **C** (constipation). **LIST SYMPTOMS** experienced and TIME experienced. Patients **MUST USE THIS FORM**. If you are calling/Skyping in, please scan or send a picture **before** your appointment.

**HIGHLIGHT ALL FRUITS AND VEGETABLES IN ONE COLOR AND ALL PROTEIN IN ANOTHER**  
**If you are emailing this to our office: CIRCLE ALL FRUITS AND VEGGIES and BOX ALL PROTEIN**

<b>BREAKFAST</b>	<b>LUNCH</b>	<b>DINNER</b>	<b>SNACKS</b>	<b>SYMPTOMS</b>	<b>BM Times/Type</b>	<b>Screen Time</b>
<b>Day 1</b> TIME:	TIME:	TIME:	TIME(S):	TIME(S):	TIME(S):	TIME(S):
<b>Day 2</b> TIME:	TIME:	TIME:	TIME(S):	TIME(S):	TIME(S):	TIME(S):
<b>Day 3</b> TIME:	TIME:	TIME:	TIME(S):	TIME(S):	TIME(S):	TIME(S):

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