

GUIDELINES FOR COMPLETING A DIET DIARY

1. Please record **everything** you eat for five (5) days. This includes condiments like butter, mayonnaise, salad dressing, etc.
2. Record all beverages you consume, including water, plus amounts.
3. Record **amounts** of foods and beverages consumed. For example, please write 1 cup oatmeal with ½ cup blueberries rather than oatmeal with blueberries.
4. If a food is a mixed food, please record ingredients or attach recipe. For example, record a salad as 1 cup romaine lettuce, 1 grated carrot, ½ cup cucumbers, 1 Tbsp dressing, etc.
5. Record **times** of all meals, beverages and snacks.
6. Record **times** of urine and bowel habits.
7. Note emotional feelings before, during, and after eating. Please note **time**.
8. Describe and note **time** of any physical symptoms after eating. Note any occurrence of gas, feelings of ill-at-ease, pain, nasal congestion, bloating, and fatigue. **Also note good feelings** – did you eat something that made you feel great afterwards?

DIET DIARY

Name: _____

Date	Time	Foods Eaten – Include fluids, vitamins, supplements, and medications	Feelings – emotional, energy, physical stress level	Bowel/Urine Habits, Gas, Bloating, etc	Major Activities