3-DAY FOOD & DIET DIARY

It is 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 or beverage as accurately as possible: e.g., milk – what kind? (Whole, 2% nonfat, etc.); toast – what kind? (Whole wheat, white, buttered, etc.); chicken – what kind? (Breast, thigh, etc.), and how prepared? (Fried, baked, breaded, etc.); coffee (decaffeinated with sugar and half and half, etc.)
- Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, ½ cup, 1 teaspoon, etc.
- Include any added items. For example: tea with 1-teaspoon honey, potato with 2 teaspoons butter, etc.
- Record all beverages, including water, coffee, tea, sports drinks, sodas / diet sodas, etc.
- Include any additional comments about your eating habits on this form (example: craving sweet, skipped meal and why, when the meal was at a restaurant, etc.).
- Please note all bowel movements and their consistency (regular, loose, firm, etc.)

DIET DIARY

Name: _____ Date: _____

DAY 1

TIME	FOOD / BEVERAGE / AMOUNT	COMMENTS

Bowel Movements (number, form, color, etc.): _____
Stress / Mood / Emotions: _____
Other Comments: _____

DAY 2

TIME	FOOD / BEVERAGE / AMOUNT	COMMENTS

Bowel Movements (number, form, color, etc.): _____

Stress / Mood / Emotions: _____

Other Comments: _____

DAY 3

TIME	FOOD / BEVERAGE / AMOUNT	COMMENTS

Bowel Movements (number, form, color, etc.): _____

Stress / Mood / Emotions: _____

Other Comments: _____