

INSTRUCTIONS FOR COMPLETING A DIET DIARY

Please record everything you consume for three days. If you work or go to school, be sure to include at least one day that you are off. The more honest and accurate you are in your entries, the more useful this information will be. For accuracy, record information as soon as possible after the food has been consumed. Do not change your eating behavior at this time, the purpose of this diet diary is to analyze your present eating habits.

At the top of each page, put your name and the date for the day you are recording.

Time: Write down the approximate time that you ate.

Food(s) Eaten: Be sure to include all fluids (including water), foods, vitamins, and medications consumed during the day.

Write in the amount of food you eat, like "1 cup Cheerios, with a cup of milk and banana." Among the measurements you might use are fluid ounce, ounce-weight, cup, gram, teaspoon (jam, butter), 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 hamburger, 2 apples, 3 cookies," or a "large serving of McDonald's fries."

It is also important that you include brand names of foods that you eat when applicable, 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.

Length of Meal: Write down the approximate amount of time that elapsed from the beginning to the end of the meal or snack.

Location of Meal: Write down where you ate or drank. (kitchen, lunch room, car, etc)

Feelings/Physical Symptoms: Typical entries might include: sad, depressed, high/low energy, reflux, gassy, 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.

Also include any physical symptoms that occur at specific times throughout the day such as abdominal pain, headaches, heartburn, dizziness, brain fog, etc.

Bowel Movements: Please record all bowel movements and their consistency (formed, loose, hard)



DIET DIARY

Name: _____

Date: _____

Day of the week: (circle): S M T W T F S

Page: ____

Time	Food(s) Eaten	Length of Meal	Location of Meal	Feelings/ Physical Symptoms

Bowel Movements

Time					
Consistency					
Color					



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Name: _____

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