

DIET DIARY FOR _____

START DATE _____

The purpose of this diary is to provide you and your doctor with an unbiased record of your normal eating habits. Simply eat your typical diet and record it for seven days. Please list ingredients and amount of food eaten, exercise (length and activity), water intake (ie. glasses/day or litres) and bowel movements (BM). For "Other", list supplements taken and any important symptoms experienced (eg. mood swings, indigestion, headaches, fatigue, insomnia, rash, etc.)

BREAKFAST	LUNCH	DINNER	SNACKS	EXERCISE, WATER INTAKE & OTHER	BM
Day 1					
Day 2					
Day 3					

	BREAKFAST	LUNCH	DINNER	SNACKS	EXERCISE, WATER INTAKE & NOTES	BM
Day 4						
Day 5						
Day 6						
Day 7						