

Diet Diary for: _____ **Beginning 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 for six days in succession and record it. Under breakfast, lunch and dinner columns, list food and drink, ingredients and amounts. Under BM, list bowel movements. Under Notes, list time symptoms such as mood swings, indigestion, headaches, fatigue, etc. Don't forget to include snacks.

| Breakfast | Lunch | Dinner | Notes | BM times |
|------------------|--------------|---------------|--------------|-----------------|
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |

| Breakfast | Lunch | Dinner | Notes | BM times |
|------------------|--------------|---------------|--------------|-----------------|
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |