

# + Day Food Diary

It is important to keep an accurate record of your usual food and beverage intake as a part of your treatment plan. You may keep a paper journal during the three-day period, and then enter the information here when the period is complete.

- Do not change your eating behavior at this time, as the purpose of this food record is to analyze your present eating habits.
- Describe the food or beverage as accurately as possible e.g., milk - what kind? (whole, 2%, nonfat); toast - (whole wheat, white, buttered); chicken - (fried, baked, breaded), coffee - (e.g., decaffeinated with sugar and half and half).
- Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, 1/2 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 (ex. craving sweets, skipped meal and why, meal was at a restaurant, etc.).
- Please note all bowel movements and their consistency (regular, loose, firm, etc.).

Day 1

Date:  Day of Week:

Time	Food/Beverage/Amount	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>

### ADD MEAL/SNACK

Bowel Movements	Stress/Mood/Emotions	Other Comments
<input type="text" value="#, form, color"/>	<input type="text"/>	<input type="text"/>

Day 2

Date:  Day of Week:

Time	Food/Beverage/Amount	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>

### ADD MEAL/SNACK

Bowel Movements	Stress/Mood/Emotions	Other Comments
<input type="text" value="#, form, color"/>	<input type="text"/>	<input type="text"/>

Day 3

Date:  Day of Week:

Time

Food/Beverage/Amount

Comments

**ADD MEAL/SNACK**

Bowel Movements

#, form, color

Stress/Mood/Emotions

Other Comments