

DIET JOURNAL 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 seven days in succession and record each meal. Wherever possible enter quantities of each food and ingredients of a complex dish. Please be totally honest with what you eat and the amounts. Under notes enter times of symptoms such as mood changes, indigestion, headaches, fatigue, etc. Include all foods and drinks consumed during each day.

Supplements normally taken with amounts:

AM Day 1	Midday	PM	Notes
Day 2			
Day 3			

AM Day 4	Midday	PM	Notes
Day 5			
Day 6			