

Patient Name _____ DOB: _____

Today's Date _____

3 DAY FOOD INTAKE DIARY INSTRUCTIONS:

It is important to keep an accurate record of your food and beverage intake as a part of your treatment plan. Please complete this Food Intake Diary for 3 consecutive days including one weekend day.

- Record information as soon as possible after the food has been consumed
- 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 – (decaffeinated with sugar and 1/2 & 1/2).
- 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 1teaspoon 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 sweet, skipped meal and why, when the meal was at a restaurant, etc).
- Please note all bowel movements and their consistency (regular, loose, firm, etc.)
- Record any exercise you do each day, including the type of activity and its duration.
- Note any symptoms (e.g. anxiety, bloating, nausea, headache) throughout the three day period in the “symptoms” area of the diary.

DAY 1

TIME	FOOD/BEVERAGE AMOUNT	COMMENT

Bowel Movements (at what time of the day, #, form, color):

Exercise (time spent, type of exercise):

Symptoms (at what time of the day, describe symptom):

Other Comments: _____

DAY 2

TIME	FOOD/BEVERAGE AMOUNT	COMMENT

Bowel Movements (#, form, color):

Exercise: _____

Symptoms: _____

Other Comments: _____

DAY 3

TIME	FOOD/BEVERAGE AMOUNT	COMMENT

Bowel Movements (#, form, color):

Exercise: _____

Symptoms: _____

Other Comments: _____