



635 Primera Blvd. Ste: 101
Lake Mary, FL 32746

DAILY RECORD OF FOOD INTAKE

Patient Name: _____

Date: _____

Doctor: _____

INSTRUCTIONS FOR COMPLETING A DIET DIARY

DATE Write in the date of the diary entries. **TIME** Write down, as accurately as possible, the time you eat.

FOODS EATEN

Be sure to include fluids, vitamins, and medications, as well as foods.

Write in the amount of food you eat, like "bowl of Cheerios® with a cup of milk and banana." Among the measurements you may use are fluid ounce, ounce-weight, cup, gram, teaspoon (jam, butter), slice (bread), tablespoon, gallon, liter, or milliliters. If you list something as a "cup" (as in coffee or tea), a "glass" (milk, beer, water, etc.), or a "bottle" or "can," estimate the size of the container. You may also write in just the quantity of the food when the amount is obvious, like "1 hamburger, 2 apples, 3 cookies", or a "serving of McDonald's fries" (but write in whether it was a small or large order). It is also important that you write in brand names of foods that you eat, as nutrient content will vary by manufacturer. And finally, write in the contents of foods where appropriate. For example, instead of writing "vegetable soup", write in "soup with carrots, vegetable broth, onion, garlic, etc." for foods with multiple ingredients.

FEELINGS

Write in your emotions, as well as energy and physical stress levels. This is the place to chart your ups and downs during the day. Typical entries might include: "sad, depressed, high energy, low energy, very happy, tired, poor sleep last night, sleepy, runny nose, caught a cold, feeling very irritable, fighting with partner." Do not limit yourself to just these entries. What is important is that you depict a picture of the ebbs and flows of your day. Try to correlate the entries as closely as possible with the times listed to the left on the diet diary form.

BOWEL, URINE HABITS, GAS

List your bowel movements, urine voids and any flatulence (gas). Again, try to correlate these entries with the times. Also, note any changes or abnormalities in bowel movements or urine, such as constipation, diarrhea, excessive quantity of urination, color changes, etc.

MAJOR ACTIVITIES

List your activity level (i.e., whether you are sedentary or active). Typical listings might include, "short walk, worked in the garden, ran three miles, sat in the office all day."

FIRST DAY: DATE: _____

BREAKFAST: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN BREAKFAST AND LUNCH / SNACK:

LUNCH: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN LUNCH AND DINNER / SNACK:

DINNER: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN DINNER AND BEDTIME / SNACK:

SECOND DAY: DATE: _____

BREAKFAST: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN BREAKFAST AND LUNCH / SNACK:

LUNCH: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN LUNCH AND DINNER / SNACK:

DINNER: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN DINNER AND BEDTIME / SNACK:

THIRD DAY: DATE: _____

BREAKFAST: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN BREAKFAST AND LUNCH / SNACK:

LUNCH: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN LUNCH AND DINNER / SNACK:

DINNER: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN DINNER AND BEDTIME / SNACK:

FOURTH DAY: DATE: _____

FIFTH DAY: DATE: _____

BREAKFAST: Time: _____

BREAKFAST: Time: _____

Meat and Dairy Foods: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Candy and Other Sweets: _____

Drinks: _____

Drinks: _____

BETWEEN BREAKFAST AND LUNCH / SNACK:

BETWEEN BREAKFAST AND LUNCH / SNACK:

LUNCH: Time: _____

LUNCH: Time: _____

Meat and Dairy Foods: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Candy and Other Sweets: _____

Drinks: _____

Drinks: _____

BETWEEN LUNCH AND DINNER / SNACK:

BETWEEN LUNCH AND DINNER / SNACK:

DINNER: Time: _____

DINNER: Time: _____

Meat and Dairy Foods: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Candy and Other Sweets: _____

Drinks: _____

Drinks: _____

BETWEEN DINNER AND BEDTIME / SNACK:

BETWEEN DINNER AND BEDTIME / SNACK:

SIXTH DAY: DATE: _____

BREAKFAST: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN BREAKFAST AND LUNCH / SNACK:

LUNCH: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN LUNCH AND DINNER / SNACK:

DINNER: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN DINNER AND BEDTIME / SNACK:

SEVENTH DAY: DATE: _____

BREAKFAST: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN BREAKFAST AND LUNCH / SNACK:

LUNCH: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN LUNCH AND DINNER / SNACK:

DINNER: Time: _____

Meat and Dairy Foods: _____

Vegetables and Fruits: _____

Cereal Foods: _____

Candy and Other Sweets: _____

Drinks: _____

BETWEEN DINNER AND BEDTIME / SNACK:
