



# 3-Day Food Diary

*Please complete prior to your first appointment.*

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## INSTRUCTIONS

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

1. Do not change your eating behavior at this time. The purpose of this food record is to analyze your present eating habits.
2. Record information as soon as possible after the food has been consumed.
3. Describe the food or beverage as accurately as possible (e.g. Milk – what kind? brand?)
4. Record all beverages, including water, coffee, tea, sports drinks, sodas/diet sodas, etc.
5. Include any additional comments about your eating habits on this form (ex. Craving sweets, skipped meal and why, when the meal was at a restaurant/take out, etc.).
6. Note all bowel movements and their consistency (regular, loose, firm, etc.).

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## DAY 1

Time of Day	Foods/Beverages/Amount	Comments

Bowel Movements (#, form, color): \_\_\_\_\_

Stress/Mood/Emotions: \_\_\_\_\_

Other comments: \_\_\_\_\_



## DAY 2

Time of Day	Foods/Beverages/Amount	Comments

Bowel Movements (#, form, color): \_\_\_\_\_

Stress/Mood/Emotions: \_\_\_\_\_

Other comments: \_\_\_\_\_

## DAY 3

Time of Day	Foods/Beverages/Amount	Comments

Bowel Movements (#, form, color): \_\_\_\_\_

Stress/Mood/Emotions: \_\_\_\_\_

Other comments: \_\_\_\_\_



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ADDITIONAL NOTES: