Name:		Date:
3-DAY DIET DIAR	Y INSTRUCTIONS	
plan. Please comple Describe the (whole wheat cream). Record the a ounces, 1/2 or Record all be Include any a skipped mea	p an accurate record of your usual food and beverage te this Diet Diary for 3 consecutive days including one food or beverage as accurately as possible e.g., milk-t, white, buttered); chicken (fried, baked, breaded); comount of each food or beverage consumed using startup, 1 teaspoon, etc. Include any added items. For exercise, including water, coffee, tea, sports drinks, so additional comments about your eating habits or symple and why, cramping/bloating, when the meal was at a Y 1	e weekend day. what kind?(whole,2%,nonfat);toast ffee (decaffeinated with sugar and ndard measurements such as 8 ample: tea with 1 teaspoon honey. odas/diet sodas, etc. toms on this form (ex. craving sweet, restaurant, etc.).
Daily Bowel Moveme	ents:	
TIME	FOOD/BEVERAGE	COMMENTS

DIARY – DAY2 Exercise (Type of A	ctivity/Time of Day/Duration):		
	, ,		
ily Bowel Movements:			
TIME	FOOD/BEVERAGE	COMMENTS	

T DIARY – DAY 3			