**DIET DIARY**

Please use this chart to record all foods, beverages, medication etc that you consume during the next week, *including quantities* (be specific). Add relevant symptoms you experience that you suspect are related to foods in your diet.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Day 1** | **Day 2** | **Day 3** | **Day 4** |
| **Breakfast** |  |  |  |  |
| **Snack** |  |  |  |  |
| **Lunch** |  |  |  |  |
| **Snack** |  |  |  |  |
| **Dinner** |  |  |  |  |
| **Dressings/****Condiments** |  |  |  |  |
| **Water intake** |  |  |  |  |
| **Other drinks** |  |  |  |  |
| **Medications,****Supplements, Homeopathics** |  |  |  |  |
| **Exercise (type, duration)** |  |  |  |  |
| **Symptoms** |  |  |  |  |
|  | Day 5 | Day 6 | Day 7 | Day 8 |
| **Breakfast** |  |  |  |  |
| **Snack** |  |  |  |  |
| **Lunch** |  |  |  |  |
| **Snack** |  |  |  |  |
| **Dinner** |  |  |  |  |
| **Dressings/****Condiments** |  |  |  |  |
| **Water intake** |  |  |  |  |
| **Other drinks** |  |  |  |  |
| **Medications,****Supplements, Homeopathics** |  |  |  |  |
| **Exercise (type, duration)** |  |  |  |  |
| **Symptoms** |  |  |  |  |