

Food Diary and Symptom Log Instructions

Please follow these instructions to complete your food diary.

1. Write down **everything** you eat or drink (that includes water) on the chart below. One page equals one day.
2. **Measure if possible, or estimate** the amounts of food served using portion sizes such as cups, teaspoons, tablespoons, ounces, slices or inches. You can use a food scale if you have one.
3. Tell **how** the food was prepared—raw, baked, steamed, fried, etc. List brand names of prepared food. Note the details below.
4. Be sure to include all those **extras**, such as milk, cream, half and half, sugar in coffee, salad dressings, gravies, pickles, jelly, butter, etc.
5. Record any symptoms (gas, bloating, diarrhea, constipation, etc) you experience, noting the time they occur.
6. Note the environment you were in while eating: at a table, standing in the kitchen, at your computer, etc.

Fruits and Vegetables

- Are the vegetables fresh, frozen or canned?
- Are they in butter, cream or other sauce?
- Is the fruit fresh, frozen or canned (in juice or in heavy or light syrup)?
- With salads—did you have regular or low-fat dressing on the salad or on the side?

Cereal

- What kind of cereal? There are no uniform bowls. Try to estimate in cups, or ounces.
- Did you add sugar, fruit, milk (what kind and how much), butter, or margarine?

Bread & Pasta

- Was the bread gluten-free white or whole grain?
 - Was it “lite”?
 - Was it a regular or fat free muffin? How big?
- What kind of sauce was on the pasta: marinara, Alfredo, etc?

Desserts

- Estimate size of slice of cake, pies.
- What kind of cookies—from the store or homemade?
- Was it ice cream, light ice cream or frozen yogurt? Was it an individual serving or out of a half gallon container?

Beverages

- Record in ounces, cups, teaspoons or tablespoons.
- List type of milk such as whole, nonfat, 1%, 2% Lactaid, evaporated, chocolate?
- Was the coffee, tea, or ice tea unsweetened sweetened with sugar, or artificial sweeteners?
- Did you note all the water that you drank?

Meat, Poultry, Fish

- Estimate the portion (3" across, 1/2" thick)
- What's in the sandwich? (2 oz roast beef...?)

Please bring your diary to your nutrition visit. Thank you!

Name: _____	Date: _____	
-------------	-------------	--

Food Diary: Circle day of the week: Su M Tu W TH F Sa		
--	--	--

Please list everything that you eat and drink with approximate portion sizes (cups, oz., tsps., tbsps., etc.)

Meal	What Eaten AND PORTION SIZE	Symptoms	Environment*
Breakfast or			
1st Meal			
Time:			
Snack			
Time:			
Lunch or			
2nd Meal			
Time:			
Snack			
Time:			
Dinner or			
3rd Meal			
Time:			
Snack			
Time:			

Is this a typical day? _____ Yes _____ No _____			
If not, what is different about your usual diet? (more or less, different foods, etc.)	Activity: _____		