

4 DAY DIET DIARY	FOODS EATEN: Include all fluids, vitamins, medications, DESCRIBE	SYMPTOMS & FEELINGS: Energy, stress, emotions	BOWEL/URINE HABITS: BM, gas, bloating, indigestion	ACTIVITIES: Exercise, sleep, work, naps
DATE: _____ PLZ WRITE TIMES <i>Breakfast</i> Day 1	EX: 2 EGGS, ORGANIC, SCRAMBLED W OLIVE OIL, RED PEPPERS, MUSHROOMS	EX: ENERGY IS 3/10 SCALE	1 EX: 1 BM, LOOSE	SLEPT 9 HOURS, GROGGY
DATE: _____ PLZ WRITE TIMES <i>Lunch</i>				
DATE: _____ PLZ WRITE TIMES <i>Dinner</i>				
DATE: _____ PLZ WRITE TIMES <i>Breakfast</i> Day 2				
DATE: _____ PLZ WRITE TIMES <i>Lunch</i>				
DATE: _____ PLZ WRITE TIMES <i>Dinner</i>				

(include snacks; use extra sheets of paper if needed & anything you want to share)

PATIENT: _____

Dr. Kimball / Dr. Moma

4 DAY DIET DIARY	FOODS EATEN: Include all fluids, vitamins, medications, DESCRIBE	SYMPTOMS & FEELINGS: Energy, stress, emotions	BOWEL/URINE HABITS: BM, gas, bloating, indigestion	ACTIVITIES: Exercise, sleep, work, naps
DATE: _____ PLZ WRITE TIMES <i>Breakfast</i> Day 3	EX: 2 EGGS, ORGANIC, SCRAMBLED W OLIVE OIL, RED PEPPERS, MUSHROOMS	EX: ENERGY IS 3/10 SCALE	1 EX: 1 BM, LOOSE	SLEPT 9 HOURS, GROGGY
DATE: _____ PLZ WRITE TIMES <i>Lunch</i>				
DATE: _____ PLZ WRITE TIMES <i>Dinner</i>				
DATE: _____ PLZ WRITE TIMES <i>Breakfast</i> Day 4				
DATE: _____ PLZ WRITE TIMES <i>Lunch</i>				
DATE: _____ PLZ WRITE TIMES <i>Dinner</i>				

(include snacks; use extra sheets of paper if needed & anything you want to share)

PATIENT: _____

Dr. Kimball / Dr. Moma