



3-DAY DIET DIARY INSTRUCTIONS

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

- Describe the food or beverage as accurately as possible e.g., milk- what kind? (whole, 2%, nonfat); toast (whole wheat, white, buttered); chicken (fried, baked, breaded); coffee (decaffeinated with sugar and ½ and ½).
- Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, ½ cup, 1 teaspoon, etc.
- Include any added items. For example: tea with 1 teaspoon honey, potato with 2 teaspoons butter, etc.
- Record all beverages, including water, coffee, tea, sports drinks, sodas/diet sodas, etc.
- Include any additional comments about your eating habits on this form (ex. craving sweet, skipped meal and why, when the meal was at a restaurant, etc.).
- Please note all bowel movements and their consistency (regular, loose, firm, etc.)

DIET DIARY – DAY 1

Name: _____ Date: _____

Daily Exercise (Type of Activity / Time of Day / Duration): _____

Daily Bowel Movements: _____

[illegible]



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DIET DIARY – DAY 2

Name: _____ Date: _____

Daily Exercise (Type of Activity / Time of Day / Duration): _____

Daily Bowel Movements: _____

[illegible]

DIET DIARY – DAY 3

Name: _____ Date: _____

Daily Exercise (Type of Activity / Time of Day / Duration): _____

Daily Bowel Movements: _____

[illegible]