



FOOD DIARY CHART

Name: _____

DAY/ DATE	B'FAST	ENERGY/ SYMPTMS	M'TEA	LUNCH	ENERGY/ SYMPTMS	A'TEA	DINNER	SUPPER	E	NO 2s

Please jot down all you eat and drink over a day. Include any symptoms or changes in energy levels out of 10 (8/10 is very good). E = exercise. Please jot down type, time and duration No 2s = bowel movements. Please put time of day along with a ☺ if satisfactory or ☹ if not satisfactory Bring to your next appointment or email prior.