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DIET DIARY

Patient Name: _____

Date To Begin: _____

Diet Diary Guidelines: The purpose of this diary is NOT to judge your eating habits, but to learn more about your nutritional, biochemical, hormonal needs and strengths. Write down **EVERYTHING** you eat and drink for meals and snacks and **AMOUNTS**. List **BRAND NAMES** of foods you bought. List **EXACT INGREDIENTS** of home-made foods. Under BM, please list the time you had a bowel movement and if it was D (diarrhea) and C (constipation). **Record Type and Amount of Insulin Injected (if pertinent) Record Insulin**

BREAKFAST Times	LUNCH Times	SUPPER Times	SYMPTOMS Times	BM Time(s)
Day One				
Day Two				
Day Three				