



# Atlanta Integrative & Internal Medicine

## INSTRUCTIONS FOR COMPLETING A DIET DIARY

### DATE

Write in the date of the diary entries.

### TIME

Write down, as accurately as possible, the time you eat.

### FOODS EATEN

Be sure to include fluids, vitamins, and medications, as well as foods.

Write in the amount of food you eat, like “bowl of Cheerios® with a cup of milk and banana.” Among the measurements you may use are fluid ounce, ounce-weight, cup, gram, teaspoon (jam, butter), slice (bread), tablespoon, gallon, liter, or milliliters. If you list something as a “cup” (as in coffee or tea), a “glass” (milk, beer, water, etc.), or a “bottle” or “can,” estimate the size of the container. You may also write in just the quantity of the food when the amount is obvious, like “1 hamburger, 2 apples, 3 cookies”, or a “serving of McDonald’s fries” (but write in whether it was a small or large order).

It is also important that you write in brand names of foods that you eat, as nutrient content will vary by manufacturer.

And finally, write in the contents of foods where appropriate. For example, instead of writing “vegetable soup”, write in “soup with carrots, vegetable broth, onion, garlic, etc.”

### IN THE “NOTES” SECTION, INCLUDE:

#### MENTAL-EMOTIONAL AND ENDOCRINE

Write in your emotions, as well as energy and physical stress levels. This is the place to chart your ups and downs during the day. Typical entries might include: “sad, depressed, high energy, low energy, very happy, tired, poor sleep last night, sleepy, runny nose, caught a cold, feeling very irritable, fighting with partner.” Do not limit yourself to just these entries. What is important is that you depict a picture of the ebbs and flows of your day. Try to correlate the entries as closely as possible with the times listed to the left on the diet diary form.

#### MAJOR ACTIVITIES

List your activity level (i.e., whether you are sedentary or active). Typical listings might include, “short walk, worked in the garden, ran three miles, sat in the office all day.”

### BOWEL, URINE HABITS, GAS

List your bowel movements, urine voids and any belching, flatulence or abdominal gas/swelling. Again, try to correlate these entries with the times. As well, note any changes or abnormalities in bowel movements or urine, such as constipation, diarrhea, excessive quantity of urination, color changes, etc.