

Diet Diary Name: _____



Please use this chart to record all foods, beverages, and supplements that you consume during the next 8 days. Note general amounts and mealtimes. Also note any physical symptoms that you notice such as your sleep/rest time, physical activity, and bowel movements in the comments section. **Please be truthful!** This is a tool to aid me in creating the most personalized treatment plan for you. Your candidness will be of great value in our work together.

PLEASE RETURN TO Dr Wendy THREE DAYS BEFORE VISIT

(This will ensure the Dr Wendy will have enough time to properly review your information prior to your consultation!)

	Day 1	Day 2	Day 3	Day 4
pH / Temp				
Breakfast				
Snacks				
Lunch				
Snacks				
Dinner				
Snacks				
Water				
Other Beverages				
Supplements				
Exercise				
BMs				
Comments				

	Day 5	Day 6	Day 7	Day 8
pH / Temp				
Breakfast				
Snacks				
Lunch				
Snacks				
Dinner				
Snacks				
Water				
Other Beverages				
Supplements				
Exercise				
BMs				
Comments				