

Diet Diary

NAME _____

Please record 3 weekdays and one weekend day of your food and fluid intake and bring the record with you to your visit to Seattle Naturopathic Clinic, or fax it. Please use both sides and print additional sheets as needed.

Date	Time	Foods eaten with approximate amounts. Include supplements and medications	Fluids	Elimination habits (Bowel/Urine)	Major activities and stress level

Reviewed: *Dr. Rebecka Hoppins Campbell* _____ Date _____