# Cleveland Clinic

## 3-DAY DIET DIARY INSTRUCTIONS\_\_\_\_\_

It is important to keep an accurate record of your usual food and beverage intake as a part of your treatment plan. Please complete this Diet Diary for 3 consecutive days including one weekend day.

- Describe the food or beverage as accurately as possible e.g., milk- what kind? (whole, 2%, nonfat); toast (whole wheat, white, buttered); chicken (fried, baked, breaded); coffee (decaffeinated with sugar and ½ and ½).
- Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, <sup>1</sup>/<sub>2</sub> cup, 1 teaspoon, etc.
- Include any added items. For example: tea with 1 teaspoon honey, potato with 2 teaspoons butter, etc.
- Record all beverages, including water, coffee, tea, sports drinks, sodas/diet sodas, etc.
- Include any additional comments about your eating habits on this form (ex. craving sweet, skipped meal and why, when the meal was at a restaurant, etc.).
- Please note all bowel movements and their consistency (regular, loose, firm, etc.)

### DIET DIARY – DAY 1\_\_\_\_\_

Name:\_\_

Daily Exercise (Type of Activity / Time of Day / Duration):

Daily Bowel Movements:\_\_\_\_\_

| TIME | FOOD/ BEVERAGE / AMOUNT | COMMENTS |
|------|-------------------------|----------|
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Date:\_\_\_\_\_

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## DIET DIARY – DAY 2\_\_\_\_\_

Name:\_\_

\_\_\_\_\_ Date:\_\_\_\_\_

\_\_\_\_\_

Daily Exercise (Type of Activity / Time of Day / Duration): \_\_\_\_\_

### Daily Bowel Movements:\_\_\_\_\_

| TIME | FOOD/ BEVERAGE / AMOUNT | COMMENTS |
|------|-------------------------|----------|
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### DIET DIARY – DAY 3\_\_\_\_\_

Name:\_\_\_

\_\_\_\_\_ Date:\_\_\_\_\_

Daily Exercise (Type of Activity / Time of Day / Duration): \_\_\_\_\_

#### Daily Bowel Movements:\_\_\_\_\_

| TIME | FOOD/ BEVERAGE / AMOUNT | COMMENTS |
|------|-------------------------|----------|
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