

Natural Roots Medicine: Naturopathic Wellness Center
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DIET DIARY

Name: _____

Date To Begin: _____

Diet Diary Guidelines: Write down **EVERYTHING you eat**, meals and **snacks etc.** List **BRAND NAMES** of foods you bought in a supermarket. List **EXACT INGREDIENTS** of all foods. The purpose of this diary is NOT to judge, but to learn more about your nutritional, biochemical, hormonal needs and strengths. Under BM, please list the time you had a bowel movement and if it was D (diarrhea) and C (constipation). **Include beverage and water intake, when and how much.** The more information you provide, the better.

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

Day Four				
Day Five				
Day Six				
Day Seven				