

Patient Name:

Date of Birth:

UTAH NATURAL MEDICINE DIET AND LIFESTYLE DIARY							
Date	Time	Food & Liquids consumed	Any Symptoms (1 to 10) 1 = least 10 = most problematic	Feelings: emotion, energy, and stress level	Bowel movement, urination, gas, bloating	Exercise/ Activity level	Sleep – include naps

Please follow these guidelines as best as possible:

1. Make 6 copies of this page and fill it out for 4 weekdays and 2 weekend days and bring completed diary to first appointment.
2. Be honest! Try not to change your diet and lifestyle habits during this time so we can make a fair assessment of what you're doing currently.
3. Include the amount of food you eat and brand name as applicable. Also include ingredients of the food as best you can (e.g. instead of salad, please write 1 ½ cups romaine lettuce, 1 medium tomato, ½ carrot, ½ ounce turkey, 2 Tbsp ranch dressing).
4. Include symptoms, if any, that you experience (e.g. headache, pain, joint stiffness, rash, cramping).
5. Note when you have a bowel movement and if it was difficult to pass or loose. Note any changes (e.g. color) or abnormalities (e.g. blood).
6. Note under the exercise column your activity level (e.g. if you sit in the office all day or gardened for 7 hours, please list this).
7. List your naps, if any, and the time you fall asleep and awaken. If you're up in the night, other than briefly to urinate or otherwise, please specify time and reason, if known (e.g. mind racing, stress, hot flashes, restless legs, pain).