

# LIQUIDS AND SOLIDS DIET DIARY

NAME: \_\_\_\_\_

List DAILY intake of food and approximate amounts. Include each specific ingredient and the approximate amount of each  
 List and grade (1+, 2+, 3+) any specific symptoms: hunger (h), cravings ©, fatigue (f), insomnia (l), headaches(h), urinary frequency(ur), gas,  
 diarrhea(dia), bloating(blt), anxiety(anx), joint and/or muscle aches or stiffness(j/a;m/s), swelling(swell), tachycardia(tach), rash(rsh),  
 palpitations(palp), constipation(cs), itching(it), brain fog(fbg), irritability(irr).

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
#1	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
#2	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
#3	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
#4	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
#5	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____	Time: _____