**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 \_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_