Sunshine
Health Care Center

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Diet Diary

Guidelines: Write down EVERYTHING you eat for meals and snacks, and list the TIME that you ate. List BRAND NAMES of food you bought in a supermarket. List INGREDIENTS of home-made foods. If you need more space, please use a separate sheet of paper.
Under BM (bowel movement), list the TIME of your bowel and circle D for diarrhea or C for constipation (if applicable).

Name _____ Start Date _____

	Breakfast	Lunch	Dinner	Snacks	BM
DAY 1					_____ D C _____ D C _____ D C _____ D C _____ D C _____ D C
DAY 2					_____ D C _____ D C _____ D C _____ D C _____ D C _____ D C
DAY 3					_____ D C _____ D C _____ D C _____ D C _____ D C _____ D C

	Breakfast	Lunch	Dinner	Snacks	BM
DAY 4					_____ D C _____ D C _____ D C _____ D C _____ D C _____ D C
DAY 5					_____ D C _____ D C _____ D C _____ D C _____ D C _____ D C
DAY 6					_____ D C _____ D C _____ D C _____ D C _____ D C _____ D C
DAY 7					_____ D C _____ D C _____ D C _____ D C _____ D C _____ D C