



Food Journal

DR. LAUREN PETERS, DOCTOR OF PHYSICAL THERAPY, RWP
FUNCTIONAL MEDICINE

It is important to keep an accurate record of your usual food + beverage intake as a part of your action plan.

- Please complete this Diet Diary for 3 consecutive days including one weekend day.
- Do not change your eating behavior at this time, as the purpose of this food record is to analyze your present eating habits.
- Record information as soon as possible after the food has been consumed

Describe the food /beverage as accurately as possible.

Ex: *Milk*, what kind? (whole, nonfat, 2%, coconut, oat);

Toast (whole wheat, white, Ezekiel bread, butter, jam, avocado);

Chicken (fried, baked, breaded);

Coffee (decaffeinated with sugar and ½ & ½)

Record the **amount** of food or beverage consumed (Ex: 8 ounces of orange juice, ½ cup of white rice, 1 teaspoon of coconut sugar, etc)

Include any **added** items. Ex: 1 tsp honey, sweet potato with 2 tsp butter, toast with ½ avocado

Record all *beverages*, including water, coffee, tea, sports drinks, sodas/diet sodas, juice, etc
- Include any additional comments about your eating habits on this form (Ex: craving sweet, skipped a meal and why, ordered take out, ate at a friends/resturaunt, etc)

- Please note all bowel movements and their consistency (regular, loose, firm, etc.)

BOWEL HABITS

Bowel movements are essential.

Keep a record of when you have them

Consistency

Loose

Firm

Regular

Pebbles

Watery (diarrhea)

Did you evacuate completely?

Increased Urgency?

Constipation

How many days in between BM?

Odor

Foul (Mild, Moderate, Severe)








Undigested food?

Fats

Day 1

TIME FOOD/BEVERAGE AMOUNT COMMENTS

BRISTOL STOOL SCALE

1		SEPARATE HARD LUMPS	SEVERE CONSTIPATION
2		LUMP & SAUSAGE LIKE	MILD CONSTIPATION
3		SAUSAGE SHAPE WITH CRACKS	IDEAL
4		SMOOTH, SOFT SAUSAGE	IDEAL
5		SOFT BLOBS WITH CLEAR EDGES	LACKING FIBER
6		MUSHY CONSISTENCY	MILD DIARRHEA
7		LIQUID CONSISTENCY	SEVERE DIARRHEA

Bowel Movements

NUMBER COLOR COMMENTS

Day 2

TIME

FOOD/BEVERAGE AMOUNT

COMMENTS

Day 3

TIME

FOOD/BEVERAGE AMOUNT

COMMENTS
