



Food Intake Log For: _____

Date: _____

The purpose of this exercise is to provide you and your ND with an **unbiased** record of your normal eating habits. Simply eat your typical meals for 7 days in succession and record it in the boxes provided. Please list ingredients, amounts, snacks and beverages. In the same box that you write down the food, **please note any symptoms** (i.e. gas, bloating, headache, aching joints, fatigue, diarrhea, etc.).

Meal	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Time Symptoms							
Snack							
Time Symptoms							
Lunch							
Time Symptoms							
Snack							
Time Symptoms							
Dinner							
Time Symptoms							
Snack							
Time Symptoms							