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## **INSTRUCTIONS FOR COMPLETING A DIET DIARY**

### **DATE**

Write in the date of the diary entries.

### **TIME**

Write down, as accurately as possible, the time you eat.

### **FOODS EATEN**

Be sure to include fluids, vitamins, and medications, as well as foods.

**Write in the amount of food you eat**, like “bowl of Cheerios® with a cup of milk and banana.” Among the measurements you may use are fluid ounce, ounce-weight, cup, gram, teaspoon (jam, butter), slice (bread), tablespoon, gallon, liter, or milliliters. If you list something as a “cup” (as in coffee or tea), a “glass” (milk, beer, water, etc.), or a “bottle” or “can,” estimate the size of the container. You may also write in just the quantity of the food when the amount is obvious, like “1 hamburger, 2 apples, 3 cookies”, or a “serving of McDonald’s fries” (but write in whether it was a small or large order).

It is also important that you **write in brand names of foods that you eat**, as nutrient content will vary by manufacturer.

And finally, **write in the contents of foods where appropriate**. For example, instead of writing “vegetable soup”, write in “soup with carrots, vegetable broth, onion, garlic, etc.” for foods with multiple ingredients.

### **FEELINGS**

**Write in your emotions, as well as energy and physical stress levels**. This is the place to chart your ups and downs during the day. Typical entries might include: “sad, depressed, high energy, low energy, very happy, tired, poor sleep last night, sleepy, runny nose, caught a cold, feeling very irritable, fighting with partner.” Do not limit yourself to just these entries. What is important is that you depict a picture of the ebbs and flows of your day. Try to correlate the entries as closely as possible with the times listed to the left on the diet diary form.

### **BOWEL, URINE HABITS, GAS**

**List your bowel movements, urine voids and any flatulence (gas)**. Again, try to correlate these entries with the times. Also, **note any changes or abnormalities** in bowel movements or urine, such as constipation, diarrhea, excessive quantity of urination, color changes, etc.

### **MAJOR ACTIVITIES**

List your activity level (i.e., whether you are sedentary or active). Typical listings might include, “short walk, worked in the garden, ran three miles, sat in the office all day.”