

Dietary Diary Sheet



To be completed over a _____5_____ day period.
Please include **all** beverages consumed (water, juices, tea/coffee, alcohol etc) & **all** foods eaten with the amount eaten ie 1x chicken breast etc.
Include all cooking mediums (oil, butter etc).
Include all supplements & medications (dose & time taken).

DAY NUMBER: _____

BREAKFAST: **TIME:** _____ *Please state any physical disorders e.g. headache @ 10am etc*
EXERCISE?

Snacks:

LUNCH: **TIME:** _____ *Please state any physical disorders e.g. headache @ 1pm etc*
EXERCISE?

Snacks:

DINNER: **TIME:** _____ *Please state any physical disorders e.g. headache @ 5pm etc*
EXERCISE?

Snacks:

General Comment on mind/body condition:

Dietary Diary Sheet



Common Symptoms

Digestive	Head	Respiratory	Skin	Mood / Brain	General
<ul style="list-style-type: none"> • Bloating • Burping • Reflux • Flatulence • Cramping • Constipation • Diarrhoea • Nausea • Vomiting • Change in appetite • Excessive thirst • Itchy anus 	<ul style="list-style-type: none"> • Itchy throat • Sore throat • Tight throat • Itchy, burning, watery, red eyes • Blurred vision • Light sensitivity • Blocked, aching ears • Noise sensitivity • Mouth Ulcers • Bad taste in mouth • Headache • Migraine • Facial or mouth swelling 	<ul style="list-style-type: none"> • Sinus/nasal congestion • Sneezing, itchy nose • Runny nose • Mucus • Difficulty breathing • Tight chest • Wheezing • Asthma attack • Coughing • Yawning 	<ul style="list-style-type: none"> • Eczema • Dermatitis • Hives • Rash • Itchy skin • Pimples, acne • Dry skin • Flushing • Pale • Sweating 	<ul style="list-style-type: none"> • Depression • Depressive episode • Anxiety • Sadness • Irritability • Aggression, anger • Can't think straight • Tearful • Withdrawn • Dazed • Silly • Talkative • Panicky • Apprehension • Dizzy/light headed • Sleepy 	<ul style="list-style-type: none"> • Muscles: <ul style="list-style-type: none"> • pain • cramps • weakness • Joints: <ul style="list-style-type: none"> • stiffness • swelling • Fatigue • Palpitations • Frequent urination Especially children: <ul style="list-style-type: none"> • Ear tugging • Restlessness • Hyperactive • Unusually quiet • Tonguing roof of mouth • Bedwetting • Foetal position
Description / other	Description / other	Description / other	Description / other	Description / other	Description / other