HOLISTIC HEALTH AND WELLNESS CENTER

3-Day Food & Symptom Diary

Client Instructions

To help us better understand your current eating habits, digestive health, and lifestyle patterns, please complete this Food & Symptom Diary for **3 consecutive days**, including **at least one weekend day**.

Please Follow These Guidelines:

- Do not change your usual eating habits while completing this diary.
- Record foods, beverages, and supplements as soon as possible after consumption.
- Include portion sizes using household measurements (cups, tablespoons, ounces, pieces, etc.).
- Be specific when describing foods and beverages (e.g., whole wheat bread, grilled chicken breast, 2% milk, coffee with cream and sugar).
- Include all snacks, beverages, supplements, vitamins, and medications.
- Record your hunger level before eating (1–10).
- Record fullness level after eating (1–10).
- Note any digestive symptoms (bloating, gas, reflux, nausea, stomach pain, diarrhea, constipation, etc.).
- Include bowel movements and describe consistency if applicable.
- Record mood, stress level, sleep quality, exercise, and any other factors that may affect your health.

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Client Name: _____ **Date Started:** _____

Primary Health Goal: _____

DAY 1

Time	Food	Beverage	Supplement	Symptoms / Comments

Water Intake: _____ **Exercise/Activity:** _____

Bowel Movements (frequency, consistency): _____

Stress/Mood/Emotions: _____

Sleep Quality (previous night): _____

Additional Comments: _____

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DAY 2

Time	Food	Beverage	Supplement	Symptoms / Comments

Water Intake: _____ **Exercise/Activity:** _____

Bowel Movements (frequency, consistency): _____

Stress/Mood/Emotions: _____

Sleep Quality (previous night): _____

Additional Comments: _____

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3-Day Food & Symptom Diary

DAY 3

Time	Food	Beverage	Supplement	Symptoms / Comments

Water Intake: _____ **Exercise/Activity:** _____

Bowel Movements (frequency, consistency): _____

Stress/Mood/Emotions: _____

Sleep Quality (previous night): _____

Additional Comments: _____

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