



*ingredients to live*

## The Daily Diet Diary and Personal Observation Packet

### Instructions:

Please use this diet diary to keep track of your food intake for 5-7 consecutive days with a weekend included. It is important to record all foods, beverages, medications, and supplements. Please provide the amounts/portions of the foods eaten, cooking methods (steamed, baked, fried, etc.), ingredients if necessary, and brand names for packaged foods.

The purpose of the Diet Diary is for both me and you to get a better understanding of your diet patterns. Try to eat as you do normally and try not to judge yourself or worry about what I might “see”. In order for me to help you in the best that I can, it is important that you provide the most accurate information possible.

The importance behind recording your bowel movements: Nutritionist’s have a saying, “health or disease begins in the colon”. By observing the timing, consistency, and condition of your stool we have a window into how well your body is assimilating the food you eat. Here are a few characteristics to look for: Consistency (scale of 1 to 7 - 1 is constipation or very hard; 7 is diarrhea, liquid; with 4 being just right), food particles in stool, color (greenish, yellowish, gray, walnut color), mucus in stool, floating stool, sticky stool. There is an area on the Daily Diet Diary to record this information, but feel free to comment on your bowel movements in your Personal Observation form; especially if you have any gas, bloating, or discomfort associated with your movement.

By keeping a detailed record of your common diet patterns and their effects on your body and state of mind, a clearer understanding of how your diet is affecting your health will begin to emerge. This information will make it easier to determine treatment options and create nutritional goals that will put you on the path to optimum health.

Congratulations on taking this first step in discovering your *ingredients to live*.  
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Client Name: \_\_\_\_\_

Date: \_\_\_\_\_

Food and Beverages Eaten: Ingredients/Labels (record all drinks & water)	Time	Where did you eat?	Who did you eat with?	How did you feel? (before and after)	Bowel Movement? (please describe)
Breakfast:					
Snack:					
Lunch:					
Snack:					
Dinner:					
Snack or Late Night Meal:					

Exercise/Activity:	Supplements:	Sleep:	Mood/Stress:
How long:	What and How much:	How long:	How do you feel:
Intensity:	When:	How did you sleep:	Explanations:

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