



THE CENTER FOR
TRUE HARMONY
 WELLNESS & MEDICINE™

Name _____ Date to Begin _____

Diet Diary Guidelines:

1. Write down EVERYTHING you eat for meals and snacks.
2. List Brand Names of food.
3. List Exact Ingredient of home-made foods
4. Under BM, list the time you had a bowel movement and if it was D (diarrhea) or C (constipation).

The purpose of this diary is *not* to judge your eating habits, but to learn more about your nutritional, biochemical, hormonal needs and strengths.

***In the American Journal of Preventative Medicine, Victor Stevens et al. of Kaiser Permanente's Center for Health Research in Portland published a study that found men and women using a diet diary lost about *twice as much weight* as those who did not.

	Breakfast Times	Lunch Times	Dinner Times	Symptom Times	BM Times
Day One					
Day Two					
Day Three					

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	<u>Breakfast</u> Times	<u>Lunch</u> Times	<u>Dinner</u> Times	<u>Symptom</u> Times	<u>BM</u> Times
Day Four					
Day Five					
Day Six					
Day Seven					