

AIMS
4657 S. Lakeshore Dr. Ste #1 Tempe, AZ 85282
Ph: 480-284-8155

Patient Name: _____

Date To Begin: _____

Diet Diary Guidelines: Write down **EVERYTHING** you eat and drink for meals and snacks. List **BRAND NAMES** of foods you bought in a supermarket. List **EXACT INGREDIENTS** of home-made foods. The purpose of this diary is NOT to judge your eating habits, but to learn more about your nutritional, biochemical, hormonal needs and strengths. Under BM, please list the time you had a bowel movement and if it was D (diarrhea) and C (constipation). **Record Type and Amount of Insulin Injected (if pertinent) Record Insulin**

BREAKFAST Times	LUNCH Times	SUPPER Times	SYMPTOMS Times	BM Time(s)
Day One				
Day Two				
Day Three				

BREAKFAST Times	LUNCH Times	SUPPER Times	SYMPTOMS Times	BM Time(s)
Day Four				
Day Five				
Day Six				
Day Seven				