

AIMS

DIET DIARY

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Patient Name: _____

Date Began: _____

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

LIST SYMPTOMS experienced and TIME experienced under Symptoms. **Record Type and Amount of Insulin Injected (if pertinent).**

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

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