## **3-DAY DIET DIARY INSTRUCTIONS**

**DIET DIARY** 

Name:

It is important to keep an accurate record of your usual food and beverage intake as a part of your treatment plan. Please complete this Diet Diary for 3 consecutive days including one weekend day.

- Do not change your eating behavior at this time, as the purpose of this food record is to analyze your present eating habits.
- · Record information as soon as possible after the food has been consumed
- Describe the food or beverage as accurately as possible e.g., milk what kind? (whole, 2%, nonfat); toast (whole wheat, white, buttered); chicken (fried, baked, breaded); coffee (decaffeinated with sugar and 1/2 & 1/2).
- Record the amount of each food or beverage consumed using standard measurements such as 8 ounces, 1/2 cup, 1 teaspoon, etc.

Date:

- Include any added items. For example: tea with 1 teaspoon honey, potato with 2 teaspoons butter, etc,
- Record all beverages, including water, coffee, tea, sports drinks, sodas/diet sodas, etc.
- Include any additional comments about your eating habits on this form (ex. craving sweet, skipped meal and why, when the meal was at a restaurant, at home, etc).
- Please note all bowel movements and their consistency (regular, loose, firm, etc.)

DAY1			
ГІМЕ	FOOD/BEVERAGE/AMOUNT	COMMENTS	
owel Move	ements (#, form, color)		
	d/Emotions		

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DAY 2			
TIME	FOOD/BEVERAGE/AMOUNT	COMMENTS	
Bowel Movemer	nts (#, form, color)		
Stress/Mood/Emotions			
Other Comments			

# DAY 3

TIME	FOOD/BEVERAGE/AMOUNT	COMMENTS

Bowel Movemen	nts (#, form, color)					
Stress/Mood/Emotions						
Other Comment	ts					

## **Personal and Health History Timeline**

This portion of our intake process is very important. It requires that you make an earnest attempt to create a **health history timeline** – a record of events of your life and any kind of health concern you have experienced – all the way from before your birth to today. This document will be refined and polished as we work together and will help us make connections between events and health issues. Although connections between some events and health issues may be obvious, many may not be so clear.

**Everything is relevant**. Functional Integrative Medicine looks at the individual as a whole, taking into account social, emotional, and physical factors when investigating health concerns. Even though an event or symptom may seem insignificant, please list it in your history as it could help to reveal important clues to your health concerns.

### **Brief example**

Date	Age	Events	Signs / Symptoms / Diagnoses / Treatments
1957-8	1-2	breastfed, then formula; started vaccination schedule	Skin rashes, food sensitivities

#### **Directions:**

Please complete the attached table. If handwritten, skip some lines between each entry, as it is likely that you will remember additional events to add back to the table. Do your best to recall your history. Your practitioner will work with you to further complete the timeline. Included is a more complete sample timeline and descriptions for some of the sections of the chart.

(1) Events: triggers that provoke an illness or irritate/increase symptoms. Consider people, places, and things, physical agents, emotional and environmental factors. Examples include physical or emotional trauma, drugs, allergens, foods, environmental toxins, and stressful life events like starting a new job, moving, the start or end of relationships, marriage, divorce, big projects, etc.

### Some examples of events include:

- **Pre-birth (in utero) issues:** mother's health/nutrition/medication, mother's trauma, parental stress, etc.
- **Birth:** premature, traumatic, problems with delivery, Cesarean section, etc.
- Early years: vaccinations, health problems (ENT problems, allergies/food sensitivities, sleep problems, etc.) Emotional and physical abuse. Births, deaths, illness of significant others. Nature and quality of family life, diet, activities. Formative experiences at home, school, and work. Strong likes and dislikes.

#### (2) Signs/Symptoms/Diagnoses/Treatments (health concerns)

- Signs/symptoms: list any signs or symptoms of social, emotional, or physical imbalance related to the event listed in the "events" column
- Diagnoses/Treatments: list any diagnoses that you received or any treatments you underwent related to the event listed in the "events" column
- If you cannot recall Signs/Symptoms/Diagnoses/Treatments but recall the event as significant socially, emotionally, or physically, you can list it below but leave this column blank (see 1958 "parents fight a lot")

# Personal and Health History Timeline - LONG EXAMPLE

Date	Age	Events	Signs / Symptoms / Diagnoses / Treatments
1955	In utero	my mother smoked, drank alcohol	n/a
1956	birth	(6 weeks) premature delivery	underweight, oxygen tent
1957-8	1-2	breastfed, then formula; started vaccination schedule	Skin rashes, food sensitivities
1958	2	parents fight a lot	Sadness, feelings of intense guilt
1959	3	sister born	
1960	4	family moved across country and started kindergarten	skin symptoms became worse
1963	7	sister born	diagnosed with eczema
1965	9	exposed to pesticides	GI problems began
1966	10	broke right arm, allergies	Minor surgery and wore cast for 6 weeks, took several courses of antibiotics
1968	12	started menstruation	heavy cramps and headaches
1970	14	parents divorced, lived with mother	became withdrawn, anti-social
1971	15	started experimenting with drugs & alcohol, smoked for a few months	trouble in school
1972	16	became sexually active went on binge diets to control weight	fatigue, acne, GI upset
1974	18	graduated high school, traveled in Europe	contracted pelvic inflammatory disease
1975	19	worked various jobs while traveling across the country with boyfriend  Started birth control pills  Exposure to various chemicals via jobs:	fatigue, blood sugar issues, frequent headaches and muscle cramps
		paint fumes, solvents, bad diet (road food)	
1978	22	Moved back in with mother  Cleaned up diet for a short time	diagnosed with hypoglycemia, depression

Date	Age	Events	Signs / Symptoms / Diagnoses / Treatments

Personal and Health History Timeline for (name) \_\_\_\_\_\_

**Directions:** 

Date	Age	Events	Signs / Symptoms / Diagnoses / Treatments