



TRUE NATURAL
HEALTHCARE™

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.

<u>Breakfast</u> <u>Times</u>	<u>Lunch</u> <u>Times</u>	<u>Dinner</u> <u>Times</u>	<u>Symptom</u> <u>Times</u>	<u>BM</u> <u>Times</u>
Day One				
Day Two				
Day Three				

2152 S. Vineyard #138, Mesa AZ 85210

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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				

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