



Helping
women heal
themselves
3 MARINA ROAD
YARMOUTH, ME 04096
PH: (207) 846-6163
FX: (207) 846-6167

ANNUAL FOLLOW-UP VISIT & 3-DAY DIET LOG

DATE: _____

Please bring to your next visit:

- ☐ Bottles of supplements you are taking for a review of them
- ☐ Three-day diet log - you may use the attached blank form

If you have been given a blood work prescription, please do it 2 weeks prior to your annual visit.

We hope this helps provide a guide for your next visit.

Thank you.

Instructions for Completing the 3-Day Diet Diary

It is important to keep an accurate record of your usual food and beverage intake as part of this study. Please complete this 3-Day Diet Diary for three consecutive days with one day being a weekend day.

- Record information as soon as possible after consuming food.
- Do not change your eating behavior at this time, unless your practitioner advises you otherwise. The purpose of this food record is to analyze your present eating habits.
- Describe the food or beverage consumed—e.g., milk: whole, 2%; toast: whole wheat, white, buttered; chicken: fried, baked, breaded; etc.
- Record the amount of each food consumed using standard measurements as much as possible, such as 8 ounces, ½ cup, etc.
- Include all items—e.g., tea with 1 teaspoon sugar, or potato with 2 tablespoons butter, etc.
- Please record all beverages, including water.
- Please record all bowel movements and their consistency—e.g., regular, loose, firm, etc.

Diet Diary: Day 1

Name: _____ Date: _____

[illegible][illegible]

Bowel Movements:

[illegible]

Diet Diary: Day 2

Name: _____ Date: _____

[illegible][illegible]

Bowel Movements:

[illegible]

Diet Diary: Day 3

Name: _____

Date: _____

[illegible][illegible]

Bowel Movements:

Time Consistency
