

DAILY DIET DIARY – Mountain Spring Health Clinic

<i>date:</i> ____/____/____ <i>circle:</i> M T W Th F Sa Su	Food and Beverage (list items)	Amount (optional) (circle approx. amount/use blank to enter alternative measurement)
BREAKFAST time: _____ am/pm		1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___()
snack time: _____ am/pm		1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___()
LUNCH time: _____ am/pm		1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___()
snack time: _____ am/pm		1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___()
DINNER time: _____ am/pm		1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___()
snack time: _____ am/pm		1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___() 1 cup ¾ cup ½ cup ___()
Water Intake & Type (filtered, distilled, tap, etc.)		Fill out your preference of measurement _____ cups _____ oz. _____ liters _____ cups _____ oz. _____ liters _____ cups _____ oz. _____ liters

Exercise	
Type	
Difficulty Level	Easy Moderate Difficult
Duration	_____ Hours/ _____ Min

Bowel Movements	
Frequency	0 1 2 3 4 5 6 more
Duration	Loose Hard Difficult Well-formed

Sleep	
Quality of Sleep	worst 1 2 3 4 5 6 7 8 9 10 best
Duration	_____ Hours/ _____ Min

Physical complaints & other notes

General Mood	
Upon waking	worst 1 2 3 4 5 6 7 8 9 10 best
After meals	worst 1 2 3 4 5 6 7 8 9 10 best
After exercise	worst 1 2 3 4 5 6 7 8 9 10 best
Before bed	worst 1 2 3 4 5 6 7 8 9 10 best

Dr. Tony Murczek – Primary Care Medicine that treats the cause.

3449 NE 25th Ave. Portland, OR 97212 | 503.493.7446 | mountainspringhealth.com