Name:____

NO SHAME NO BLAME: FOOD AND LIFESTYLE DIARY

It is helpful to keep an accurate record of your usual food & beverage intake as a way to help look at patterns and engage in lifestyle modification. Please complete this for 5 consecutive days including one weekend day.

- Describe as accurately as possible. For example, milk (whole, 2%, organic), chicken (fried or baked).
- Record the amounts as best you can in standard measurements such as 8 oz, ½ oz, 1 tsp.
- Include any added items. For example: tea with 1 teaspoon honey, potato with 2 teaspoons butter.
- Record all beverages, including water, coffee, tea, sports drinks, sodas/diet sodas.

DAY 1

Date:_______________________________________

Daily Exercise (activity / duration):
____

Bowel Movements (frequency / quality):____

Sleep (hours / quality)
____

Relaxation, Stress Reduction or Centering Practice
____

Daily Stressor (describe)
____

Other Comments
____

TIME	FOOD/ BEVERAGE / AMOUNT	**COMMENTS** (cravings, skipped, restaurant, etc)

Lisa Lichtig, MD
Patrick Hanaway, MD
Susan Bradt, MD

207 Charlotte Street
Asheville, NC 28801
Tel (828) 251-2700
Fax (828) 251-2725

INTEGRATIVE FUNCTIONAL MEDICINE
info@familytofamily.org
www.familytofamily.org

Name:____

DAY 2

Date:_______________________________________

Daily Exercise (activity / duration):
____

Bowel Movements (frequency / quality):____

Sleep (hours / quality)
____

Relaxation, Stress Reduction or Centering Practice
____

Daily Stressor (describe)
____

Other Comments
____

TIME	FOOD/ BEVERAGE / AMOUNT	COMMENTS

DAY 3

Date:_______________________________________

Daily Exercise (activity / duration):
____

Bowel Movements (frequency / quality):____

Sleep (hours / quality)
____

Relaxation, Stress Reduction or Centering Practice
____

Daily Stressor (describe)
____

Lisa Lichtig, MD
Patrick Hanaway, MD
Susan Bradt, MD

207 Charlotte Street
Asheville, NC 28801
Tel (828) 251-2700
Fax (828) 251-2725

Name:____

Other Comments
____

Lisa Lichtig, MD
Patrick Hanaway, MD
Susan Bradt, MD

207 Charlotte Street
Asheville, NC 28801
Tel (828) 251-2700
Fax (828) 251-2725

INTEGRATIVE FUNCTIONAL MEDICINE
info@familytofamily.org
www.familytofamily.org

Name:____

TIME	FOOD/ BEVERAGE / AMOUNT	COMMENTS

DAY 4

Date:____

Daily Exercise (activity / duration):
____

Bowel Movements (frequency / quality):____

Sleep (hours / quality)
____

Relaxation, Stress Reduction or Centering Practice
____

Daily Stressor (describe)
____

Other Comments
____

TIME	FOOD/ BEVERAGE / AMOUNT	COMMENTS

Lisa Lichtig, MD
Patrick Hanaway, MD
Susan Bradt, MD

207 Charlotte Street
Asheville, NC 28801
Tel (828) 251-2700
Fax (828) 251-2725

INTEGRATIVE FUNCTIONAL MEDICINE
info@familytofamily.org
www.familytofamily.org

Name:____

DAY 5 Date:________________________________

Daily Exercise (activity / duration):
____

Bowel Movements (frequency / quality):____

Sleep (hours / quality)
____

Relaxation, Stress Reduction or Centering Practice
____

Daily Stressor (describe)
____

Other Comments
____

TIME	FOOD/ BEVERAGE / AMOUNT	COMMENTS

Lisa Lichtig, MD
Patrick Hanaway, MD
Susan Bradt, MD

207 Charlotte Street
Asheville, NC 28801
Tel (828) 251-2700
Fax (828) 251-2725

INTEGRATIVE FUNCTIONAL MEDICINE
info@familytofamily.org
www.familytofamily.org