7 Day Diet Diary					
First Name *					
Last Name *					
DOB *					
Last day of diary completed on: *					
7	DAY DIET DIARY				
information regarding the components of your meals	eating habits and lifestyle. It is most helpful if you eat as typical and log s, the types and amounts of liquids ingested and any symptoms of interest wel movements, or any other concerns).				
	DAY 1				
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Liquids					
Symptoms					
DAY 2					
Breakfast					

### Integrative Medicine of Pueblo 200 W B St Ste 110

#### Pueblo, CO - 81003

Snack					
Lunch					
Snack					
Dinner					
Liquids					
Symptoms					
DAY 3					
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Liquids					
Symptoms					
	DAVA				

DAY 4

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Breakfast	
Dieaniasi	
Snack	
Lunch	
Snack	
Dinner	
Liquids	
Symptoms	
	DAY 5
Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Liquids	
1 5	
Symptoms	
A Line a	

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Day 6					
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Liquids					
Symptoms					
	Day 7				
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Liquids					

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Symptoms				