

**DR. AMY NEUZIL  
EXCELON HEALTH**

**DIET DIARY**

PLEASE RECORD EVERYTHING THAT YOU EAT AND DRINK INCLUDING WATER AND NOTE ANY SYMPTOMS FOLLOWING FOOD INTAKE (HEADACHE, IRRITABILITY, MOOD CHANGES, GAS, BLOATING, PAIN, INDIGESTION, FATIGUE, ETC...) PLEASE COMPLETE ONE SHEET PER DAY FOR A WEEK.

<b>DAY/DATE:</b>	<b>FOODS EATEN: (INCLUDE DRINKS AS WELL)</b>	<b>ACTIVITIES:</b>	<b>SYMPTOMS:</b>
<b>BREAKFAST:</b>			
<b>MORNING SNACK:</b>			
<b>LUNCH:</b>			
<b>AFTERNOON SNACK:</b>			
<b>DINNER:</b>			
<b>EVENING SNACK:</b>			