

Food Diary

Date: _____

	Time	Food/Drink/Medication	Time	Output	Comments
Breakfast					
Snack					
Lunch					
Snack					
Dinner					
Snack					

Remember to chew thoroughly, and drink 8-10 glasses of fluid daily. Include how much you ate of each food (e.g. 1 scrambled egg, 8 oz. cranberry juice, etc.) and note your reaction afterwards (gas, odor, constipation, diarrhea, cramping, etc.). Also record when you emptied your pouch.