



Thank you for choosing MNGI Digestive Health for your upcoming dietitian visit.

Before your consultation, please complete the 3-Day Food Journal to discuss with your dietitian at your appointment.

Completing your 3-Day Food Journal

- As part of your dietitian visit, we ask that you keep a record of everything you eat and drink for 3 days prior to your visit.
- **Please have the journal available with you during your appointment.**
- **Do not mail or email your completed journal to MNGI prior to your dietitian visit.**
- **Don't stress!** If you are not able to complete the food journal or feel it is not pertinent to your condition, please still attend your appointment with the Dietitian.

To complete your food journal, please follow the guidelines below.

- Select days that you will be making **typical** food choices and try *not* to change your usual eating habits.
- **Be honest.** The purpose of this journal is to help you and the dietitian develop an awareness of your eating habits so that nutrition goals can be individualized.
- Record **EVERYTHING** you eat and drink. Please be as specific as possible.
 - List the type of food you ate including all condiments and extras (sauces, gravy, butter, ketchup, mayo, etc.)
 - Describe combination foods, such as what toppings came on the pizza or what was included in the sandwich.
 - Mention how the food was prepared (grilled, baked, fried, steamed, roasted, etc.)
 - List a brand name or restaurant name when possible.
- Include portion sizes for all items, estimating to the best of your ability.



Food Journal Day 1

Date: _____

CIRCLE ONE: **Weekday** **Weekend**

Was this a typical day's intake? ☐ yes ☐ no

Breakfast Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms (bloating/nausea/diarrhea/abdominal pain)	
Lunch Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms	
Dinner Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms	
Snacks			
Time of day	Food/Beverage items	Amount/Serving size	Symptoms
_____ am/pm			
_____ am/pm			
_____ am/pm			
Estimated Daily Water Intake: _____ ounces/cups			



Food Journal Day 2

Date: _____

CIRCLE ONE: **Weekday** **Weekend**

Was this a typical day's intake? ☐ yes ☐ no

Breakfast Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms (bloating/nausea/diarrhea/abdominal pain)	
Lunch Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms	
Dinner Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms	
Snacks			
Time of day	Food/Beverage items	Amount/Serving size	Symptoms
_____ am/pm			
_____ am/pm			
_____ am/pm			
Estimated Daily Water Intake: _____ ounces/cups			



Food Journal Day 3

Date: _____

CIRCLE ONE: **Weekday** **Weekend**

Was this a typical day's intake? ☐ yes ☐ no

Breakfast Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms (bloating/nausea/diarrhea/abdominal pain)	
Lunch Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms	
Dinner Time of day: _____ am/pm			
Food/Beverage items	Amount/Serving size	Symptoms	
Snacks			
Time of day	Food/Beverage items	Amount/Serving size	Symptoms
_____ am/pm			
_____ am/pm			
_____ am/pm			
Estimated Daily Water Intake: _____ ounces/cups			