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For the following section, please write down as accurately as possible, everything that you have eaten and drank for the past 2-4 days. Please be as specific as possible. Also include coffee (specify if caf/decaf), alcoholic beverages, soda (what kind or if diet), candy bars, etc and estimate the serving sizes (1 cup, 8 oz liquid, etc). If you drink milk, please indicate if whole, 2% or skim, etc. Please explain as well as possible how the food was prepared, eg. 1 chicken breast – fried, baked or broiled? With skin? Breaded? Marinated? In what? What type of oil was used, etc.

**Every day meals – day of week: \_\_\_\_\_**

When did you go to sleep? \_\_\_\_\_ When did you wake up? \_\_\_\_\_  
 How did you sleep? \_\_\_ soundly \_\_\_ tossed and turned \_\_\_ out like a light  
 Did you have trouble falling asleep? \_\_\_\_\_ Did you have trouble staying asleep? \_\_\_\_\_  
 Did you exercise? Yes \_\_\_ No \_\_\_ What? \_\_\_\_\_  
 How long? \_\_\_\_\_ What time? \_\_\_\_\_  
 Did you have a bowel movement? Yes \_\_\_ No \_\_\_ how many times today? \_\_\_\_\_  
 Do you take fiber supplements? Yes \_\_\_ No \_\_\_ if yes, which one \_\_\_\_\_  
 Symptoms: \_\_\_\_\_

**Breakfast:** (what time? \_\_\_\_\_)

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**Snacks:** (what time? \_\_\_\_\_)

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**Lunch:** (what time? \_\_\_\_\_)

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**Snacks:** (what time? \_\_\_\_\_)

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**Dinner:** (what time? \_\_\_\_\_)

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Is this your usual way of eating? Yes \_\_\_ No \_\_\_

If no, what made it different? \_\_\_\_\_

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