



Daily Diet Tracker

Name: _____ Date: _____

BREAKFAST:

How much did they eat? 0% 25% 50% 75% 100%

TREATS:

DINNER:

How much did they eat? 0% 25% 50% 75% 100%

STOOL QUALITY

#1	too soft	average	too firm
#2	too soft	average	too firm
#3	too soft	average	too firm
#4	too soft	average	too firm
#5	too soft	average	too firm

Total # of stools: _____

Gas: **YES** **NO**

SUPPLEMENTS: