

# Diet & Symptom Diary

DAY 1

Use this diet diary to record your food intake and symptoms each day as part of your treatment plan (aim to record a minimum of 3 days during the week and 1 day on the weekend)

TIME	FOOD AND DRINK	SYMPTOMS FILL IN IF APPLICABLE - RATE SEVERITY FROM 1 (MILD) - 5 (SEVERE)						BOWEL MOTIONS
AM/PM	Describe the food and drink in as much detail as you can e.g. 2 poached eggs, with 1 slice of white sourdough bread, thin spread of butter, worcestershire sauce and salt. 2 cups of coffee with soy milk and 1 tspn sugar.	Symptoms	Time	Severity (0-5)	Symptoms	Time	Severity (0-5)	Time and form: Diarrhea, constipation, normal, soft, hard, sticky, colour, undigested food, blood or mucus, sinks, floats, feel fully evacuated etc
	First intake:	Difficulty/pain swallowing			Constipation			
	Breakfast:	Cramping			Headache			
	Mid-morning snack:	Nausea			Light-headed			
	Lunch:	Vomiting			Sinus congestion			
	Afternoon snack:	Burping			Coughing or mucous			
	Dinner:	Bloating			Runny nose			
	Supper:	Itchy throat			Fatigue or energy slump			
	Drinks/Fluids:	Heartburn			Palpitations			
		Reflux			Anxiety			
		Gas			Irritability			
		Stomach pain			Itchy skin			
		Diarrhoea			Other comments:			

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DAY 2

Use this diet diary to record your food intake and symptoms each day as part of your treatment plan (aim to record a minimum of 3 days during the week and 1 day on the weekend)

TIME	FOOD AND DRINK	SYMPTOMS FILL IN IF APPLICABLE - RATE SEVERITY FROM 1 (MILD) - 5 (SEVERE)						BOWEL MOTIONS
AM/PM	Describe the food and drink in as much detail as you can e.g. 2 poached eggs, with 1 slice of white sourdough bread, thin spread of butter, worcestershire sauce and salt. 2 cups of coffee with soy milk and 1 tspn sugar.	Symptoms	Time	Severity (0-5)	Symptoms	Time	Severity (0-5)	Time and form: Diarrhea, constipation, normal, soft, hard, sticky, colour, undigested food, blood or mucus, sinks, floats, feel fully evacuated etc
	First intake:	Difficulty/pain swallowing			Constipation			
	Breakfast:	Cramping			Headache			
	Mid-morning snack:	Nausea			Light-headed			
	Lunch:	Vomiting			Sinus congestion			
	Afternoon snack:	Burping			Coughing or mucous			
	Dinner:	Bloating			Runny nose			
	Supper:	Itchy throat			Fatigue or energy slump			
	Drinks/Fluids:	Heartburn			Palpitations			
		Reflux			Anxiety			
		Gas			Irritability			
		Stomach pain			Itchy skin			
		Diarrhoea			Other comments:			

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DAY 3

Use this diet diary to record your food intake and symptoms each day as part of your treatment plan (aim to record a minimum of 3 days during the week and 1 day on the weekend)

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AM/PM	Describe the food and drink in as much detail as you can e.g. 2 poached eggs, with 1 slice of white sourdough bread, thin spread of butter, worcestershire sauce and salt. 2 cups of coffee with soy milk and 1 tspn sugar.	Symptoms	Time	Severity (0-5)	Symptoms	Time	Severity (0-5)	Time and form: Diarrhea, constipation, normal, soft, hard, sticky, colour, undigested food, blood or mucus, sinks, floats, feel fully evacuated etc
	First intake:	Difficulty/pain swallowing			Constipation			
	Breakfast:	Cramping			Headache			
	Mid-morning snack:	Nausea			Light-headed			
	Lunch:	Vomiting			Sinus congestion			
	Afternoon snack:	Burping			Coughing or mucous			
	Dinner:	Bloating			Runny nose			
	Supper:	Itchy throat			Fatigue or energy slump			
	Drinks/Fluids:	Heartburn			Palpitations			
		Reflux			Anxiety			
		Gas			Irritability			
		Stomach pain			Itchy skin			
		Diarrhoea			Other comments:			

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DAY 4

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AM/PM	Describe the food and drink in as much detail as you can e.g. 2 poached eggs, with 1 slice of white sourdough bread, thin spread of butter, worcestershire sauce and salt. 2 cups of coffee with soy milk and 1 tspn sugar.	Symptoms	Time	Severity (0-5)	Symptoms	Time	Severity (0-5)	Time and form: Diarrhea, constipation, normal, soft, hard, sticky, colour, undigested food, blood or mucus, sinks, floats, feel fully evacuated etc
	First intake:	Difficulty/pain swallowing			Constipation			
	Breakfast:	Cramping			Headache			
	Mid-morning snack:	Nausea			Light-headed			
	Lunch:	Vomiting			Sinus congestion			
	Afternoon snack:	Burping			Coughing or mucous			
	Dinner:	Bloating			Runny nose			
	Supper:	Itchy throat			Fatigue or energy slump			
	Drinks/Fluids:	Heartburn			Palpitations			
		Reflux			Anxiety			
		Gas			Irritability			
		Stomach pain			Itchy skin			
		Diarrhoea			Other comments:			

# Diet & Symptom Diary

DAY 5

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AM/PM	Describe the food and drink in as much detail as you can e.g. 2 poached eggs, with 1 slice of white sourdough bread, thin spread of butter, worcestershire sauce and salt. 2 cups of coffee with soy milk and 1 tspn sugar.	Symptoms	Time	Severity (0-5)	Symptoms	Time	Severity (0-5)	Time and form: Diarrhea, constipation, normal, soft, hard, sticky, colour, undigested food, blood or mucus, sinks, floats, feel fully evacuated etc
	First intake:	Difficulty/pain swallowing			Constipation			
	Breakfast:	Cramping			Headache			
	Mid-morning snack:	Nausea			Light-headed			
	Lunch:	Vomiting			Sinus congestion			
	Afternoon snack:	Burping			Coughing or mucous			
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		Reflux			Anxiety			
		Gas			Irritability			
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	First intake:	Difficulty/pain swallowing			Constipation			
	Breakfast:	Cramping			Headache			
	Mid-morning snack:	Nausea			Light-headed			
	Lunch:	Vomiting			Sinus congestion			
	Afternoon snack:	Burping			Coughing or mucous			
	Dinner:	Bloating			Runny nose			
	Supper:	Itchy throat			Fatigue or energy slump			
	Drinks/Fluids:	Heartburn			Palpitations			
		Reflux			Anxiety			
		Gas			Irritability			
		Stomach pain			Itchy skin			
		Diarrhoea			Other comments:			

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Use this diet diary to record your food intake and symptoms each day as part of your treatment plan (aim to record a minimum of 3 days during the week and 1 day on the weekend)

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AM/PM	Describe the food and drink in as much detail as you can e.g. 2 poached eggs, with 1 slice of white sourdough bread, thin spread of butter, worcestershire sauce and salt. 2 cups of coffee with soy milk and 1 tspn sugar.	Symptoms	Time	Severity (0-5)	Symptoms	Time	Severity (0-5)	Time and form: Diarrhea, constipation, normal, soft, hard, sticky, colour, undigested food, blood or mucus, sinks, floats, feel fully evacuated etc
	First intake:	Difficulty/pain swallowing			Constipation			
	Breakfast:	Cramping			Headache			
	Mid-morning snack:	Nausea			Light-headed			
	Lunch:	Vomiting			Sinus congestion			
	Afternoon snack:	Burping			Coughing or mucous			
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