

Food & Symptom Journal

Instructions



- 1) For scales of 1-10, 1 is low and 10 is high.
 - 2) Use type 1-7 from the Bristol Stool Chart to refer to consistency of your stool.
 - 3) Record the food you eat. Include brands for packaged foods with lots of ingredients like crackers, granola bars, cookies, frozen meals, etc.
 - 4) Record fluids you drink, including water, coffee, tea, milks, carbonated beverages, etc.
 - 5) Record portion sizes to the best of your ability.
 - 6) Note the time you ate in the left-most column.
 - 7) Document symptoms of bloating, abdominal pain and gas/wind, their intensity on a scale of 1-10, time of onset and duration.
 - 8) Symptoms may come and go (eg. pain) or build throughout the day (eg. bloating). If your symptom is ongoing and doesn't "end", write the time of onset followed by a dash (--). Record that symptom again when you feel it worsened or improved.
- See the example page for further explanation.



Food & Symptom Journal

Date: Aug 3, 2022

Day: M T W T F S S

Highest stress/anxiety level (1-10): 5 Sleep - Quality (1-10): 8 Hours: 7

BM Type (1-7): 2 Size: small medium large Time(s): 7am

	Foods, Fluids, Portions & Time	Symptoms <i>(bloating, pain, gas, etc...)</i>	Intensity 1-10	Time & Duration
B'fast @ <u>6am</u>	1/2 cup oatmeal with 1 tsp brown sugar, 1/4 cup blueberries, Tbsp chia seeds 2 cups water, 1 cup coffee with milk			
Lunch @ <u>12:30pm</u>	Chicken sandwich with mayo & 1 cheese slice on whole wheat bread 1 cup raw veg - carrots, red pepper, cherry tomato, 2 Tbsp ranch dressing 1 cup water, 1 bottle (355ml) orange juice	Abdo pain Bloating	7 5	=
Supper @ <u>6:30pm</u>	Medium meat lovers pizza - 3 slices 1 can diet Pepsi, 2 cups water 3 Oreos	Gas Bloating	8 7	6:30-8pm 6:30pm -
Snacks	Banana, 1 cup water @ 9:30am Handful Wheat Thins crackers, 1 cup coffee with milk @ 3:00pm			

Medications / Supplements & Time

Wellbutrin @ 6am

Gas-X @ 7pm

Metamucil 1 scoop @ 10pm

Exercise- Type, Intensity (1-10), Duration

Walked the dog - 4, 15 min x 3 = 45 min

Bike ride - 6, 30 min



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Sleep - Quality (1-10): _____ Hours: _____

BM Type (1-7): _____ Size: small medium large Time(s): _____

	Foods, Fluids, Portions & Time	Symptoms <i>(bloating, pain, gas, etc...)</i>	Intensity 1-10	Time & Duration
B'fast @ _____				
Lunch @ _____				
Supper @ _____				
Snacks				

Medications / Supplements & Time

Exercise- Type, Duration, Intensity (1-10)

