

Food & Symptom Journal

Name: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Keep record of your intake and symptoms for 2 to 4 months while making changes.  
Please record all food and drinks consumed, including brand names.

| Time of Day | Intake | Situational Triggers<br>(environment, people) | Symptoms<br>(gas, bloating, pain, anxiety, tension)<br>*Rate from 1-10 | Bowel Movements<br>*Rate using the Bristol Stool Chart | Plan for Self-Care |
|-------------|--------|-----------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------|--------------------|
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Notes: \_\_\_\_\_  
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