

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 (environment, people)	Symptoms (gas, bloating, pain, anxiety, tension) *Rate from 1-10	Bowel Movements *Rate using the Bristol Stool Chart	Plan for Self-Care

Notes: \_\_\_\_\_  
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