

FOOD AND SYMPTOM DIARY Name:

Please record all food and drinks, including tea, coffee and supplements.
Rate your symptoms by drawing a line through the horizontal scale, with **0=none at all to 5=severe**

EXAMPLE

	Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Supper
Day: Monday	2 Weet bix with full cream milk Tea - white, 1 sugar	Nil Water	Toasted cheese and ham sandwich – grain bread Yoghurt - fruit	Nuts Water	Lasagne with salad – lettuce, tomato, cucumber, avocado	Fruit salad
Symptoms:		Cramps		Bloating + cramps	Diarrhoea	Bloating
Score:	① 1 2 3 4 5	0 1 ② 3 4 5	① 1 2 3 4 5	0 1 2 ③ 4 5	0 1 2 ③ 4 5	0 1 2 ③ 4 5

DAY 1

	Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Supper
Day:						
Symptoms:						
Score:	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5

DAY 2

	Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Supper
Day:						
Symptoms:						
Score:	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5

DAY 3

	Breakfast	Morning Tea	Lunch	Afternoon Tea	Dinner	Supper
Day:						
Symptoms:						
Score:	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5	0 1 2 3 4 5