field doctor.

NUTRITIONALLY SUPERCHARGED MEALS

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nisit our resource hub

your food + mood + symptom diary

HOW TO USE THIS DIARY

- Please complete this diary for 3 days (two week days and 1 weekend). You can even do
 it for a full week.
- The purpose of this diary is to record what happens each day and help you spot patterns that might be linked with your IBS symptoms. It can be useful to compare your diaries from a 'good' week and a 'bad' week.
- The accuracy of the result is very much dependent on the completeness of your record.
- Make a record straight after your meals if possible when it is still fresh in your mind.
- It can help to take this diary to your GP or dietitian appointment.
- Below is an example of how you should fill in your diary.
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- Please read the following guidelines.

guidelines

- 1. Describe items in detail e.g. lean shoulder of beef, not just beef or skimmed milk instead of just milk.
- 2. Write down brand names where- ever possible.
- 3. List quantities in detail, use common household measures e.g. slices, scoops, tablespoons etc.
- 4. Indicate method of cooking e.g. battered cod, boiled rice.
- 5. If the dish contains more than 1 ingredient, please list the ingredients or keep the label.
- 6. If it is a pre prepared meal, please bring the labels.
- 7. When using fats and oils in cooking, indicate how much is used.

time	meal	food & drinks	qty	associated symptom eg bloating, wind, pain etc	bristol stool type
10am	snack	Apple, medium Oatcake, plain Tea, PG tips, black	1 1	Slight bloating	2

bristol stool chart

type 1	•••	Separate hard lumps, like nuts (hard to pass)
type 2	6530	Sausage-shaped but lumpy
type 3		Like a sausage but with cracks on its surface
type 4		Like a sausage or snake, smooth and soft
type 5	-25	Soft blobs with clear-cut edges (passed easily)
type 6		Fluffy pieces with ragged edges, a mushy stool
type 7		Watery, no solid pieces, Entirely Liquid

your food + mood + symptom diary

time	meal	food & drinks	qty	associated symptom eg bloating, wind, pain etc	bristol stool type
	breakfast				
	lunch				
	supper				

sleep and relaxation	exercise	stress	mood
sleep: how long (hours):	type:	yes / no	how did you feel today:
quality: good/ fair/ bad		triggers:	
relaxation: yes / no time:	duration:	stress reduction process:	
type:			