

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**FOOD DIARY, DIGESTIVE SYMPTOMS AND OTHER SYMPTOMS Print legibly!**

List everything that you consume for a seven-day period. Include any GI symptoms that you may have – bloating, burping, foul smelling gas, constipation and loose stools – see the Bristol Stool Chart to identify bowel movements. Everyone has occasional GI problems – we are looking for chronic on-going problems. Also, include any other symptoms you are concerned about such as headaches, moodiness or insomnia.

<b>Time</b>	<b>Food consumed, everything!</b>	<b>Liquids consumed</b>	<b>Medications/Supplements</b>	<b>GI &amp; other symptoms Include Bowel movements</b>

List the type of exercise you did today at what time

---



---



---



---

NAME \_\_\_\_\_ DATE \_\_\_\_\_

FOOD DIARY, DIGESTIVE SYMPTOMS AND OTHER SYMPTOMS

Print legibly!

Time	Food consumed, everything!	Liquids consumed	Medications/Supplements	GI & other symptoms Include Bowel movements

List the type of exercise you did today at what time

---

---

---

---

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**FOOD DIARY, DIGESTIVE SYMPTOMS AND OTHER SYMPTOMS Print legibly!**

Time	Food consumed, everything!	Liquids consumed	Medications/Supplements	GI & other symptoms Include Bowel movements

List the type of exercise you did today at what time

---



---



---



---