



# DIET SYMPTOM DIARY

Start date: \_\_\_\_\_

Use this diet diary to record your food intake and symptoms each day as part of your treatment plan.

TIME	 <b>FOOD AND DRINK</b>	SYMPTOMS						 <b>BOWEL MOTION</b>	
		FILL IN IF APPLICABLE - RATE SEVERITY FROM 1 (MILD) - 3 (SEVERE)						Time	Loose, firm, diarrhoea
00:00	Describe the food & drink in as much detail as you can e.g. 2 poached eggs, with 1 slice of sourdough, buttered, worcestershire sauce & salt, 2 cups of coffee with soy milk & 1 tsp of sugar.	Symptoms	Time	Severity (1-3)	Symptoms	Time	Severity (1-3)	Time	Loose, firm, diarrhoea
DAY 1	Breakfast:	Cramping			Fatigue/ sleepy				
		Nausea			Sinus congestion				
	Morning snack:	Burping			Itchy throat				
		Heartburn			Coughing/mucous				
	Lunch:	Reflux			Runny nose				
		Bloating			Headache				
	Afternoon snack:	Vomiting			Palpitations				
		Stomach pain			Anxiety				
	Dinner:	Constipation			Irritability				
		Diarrhoea			Light-headed				
	Other snacks:	Gas			Other				
		Comments:							
DAY 2	Breakfast:	Cramping			Fatigue/ sleepy				
		Nausea			Sinus congestion				
	Morning snack:	Burping			Itchy throat				
		Heartburn			Coughing/mucous				
	Lunch:	Reflux			Runny nose				
		Bloating			Headache				
	Afternoon snack:	Vomiting			Palpitations				
		Stomach pain			Anxiety				
	Dinner:	Constipation			Irritability				
		Diarrhoea			Light-headed				
	Other snacks:	Gas			Other				
		Comments:							

**Examples of food, drink & condiments:** eg. milk (soy, nut, skim, full cream), chicken (baked, fried, crumbed), bread (wholemeal, white, sourdough, rye, gluten free), condiments (honey, sauce, mayonnaise), beverages (water, coffee, tea, mineral and soda water, juice, alcohol, sports drinks, protein shakes).

		<i>Time</i>	<i>Food and drink</i>	<i>Symptoms</i>	<i>Time</i>	<i>Severity</i>	<i>Symptoms</i>	<i>Time</i>	<i>Severity</i>	<i>Time</i>	<i>Bowel motion</i>
DAY 3	Breakfast:	Cramping					Fatigue/ sleepy				
		Nausea					Sinus congestion				
	Morning snack:	Burping					Itchy throat				
		Heartburn					Coughing/mucous				
	Lunch:	Reflux					Runny nose				
		Bloating					Headache				
	Afternoon snack:	Vomiting					Palpitations				
		Stomach pain					Anxiety				
	Dinner:	Constipation					Irritability				
		Diarrhoea					Light-headed				
Other snacks:	Gas					Other					
	Comments:										
DAY 4	Breakfast:	Cramping					Fatigue/ sleepy				
		Nausea					Sinus congestion				
	Morning snack:	Burping					Itchy throat				
		Heartburn					Coughing/mucous				
	Lunch:	Reflux					Runny nose				
		Bloating					Headache				
	Afternoon snack:	Vomiting					Palpitations				
		Stomach pain					Anxiety				
	Dinner:	Constipation					Irritability				
		Diarrhoea					Light-headed				
Other snacks:	Gas					Other					
	Comments:										
DAY 5	Breakfast:	Cramping					Fatigue/ sleepy				
		Nausea					Sinus congestion				
	Morning snack:	Burping					Itchy throat				
		Heartburn					Coughing/mucous				
	Lunch:	Reflux					Runny nose				
		Bloating					Headache				
	Afternoon snack:	Vomiting					Palpitations				
		Stomach pain					Anxiety				
	Dinner:	Constipation					Irritability				
		Diarrhoea					Light-headed				
Other snacks:	Gas					Other					
	Comments:										