

Food Symptom Journal

Please fill out this journal as per instructions from your practitioner.

Date: Please circle day: Mon Tues Wed Thurs Fri Sat Sun

Water Consumption (1 glass or 250ml): ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Please record ALL food and drinks consumed over the 24 hour period. The more honest you are with yourself the more you will get out of this process. There is no wrong or right answer.

Time	Food or drink eaten	How much	Time	Symptoms

Symptoms: Bloating, discomfort, distention, gass. With bowel movements please record frequency (ie. 2/day or 1/3-4 days) and consistency (ie. soft, watery, pellet, hard, easy to pass, difficult to pass).

What I learnt from today: Were there particular trends or patterns that I noticed ?

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Questions for your practitioner: Write down any questions you have to discuss at your next appointment.

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