

Food and symptom diary

DAY 01 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 02 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 03 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 04 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 05 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 06 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast

Time _____

Fresh / frozen / leftover _____

Lunch

Time _____

Fresh / frozen / leftover _____

Evening meal

Time _____

Fresh / frozen / leftover _____

Snacks and drinks

Time _____

Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 07 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 08 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 09 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 10 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 11 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 12 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 13 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

SYMPTOMS AND OTHER CONTEXT

Symptoms, time they started and severity (0 to 10)

Medicines, supplements, illness or exposure changes

ONE THING I NOTICED

Food and symptom diary

DAY 14 / 14

Note what is useful. Look for patterns across days, not one perfect entry.

Date _____ Sleep (hours) _____ Stress (0 to 10) _____

Cycle day, if relevant _____ Bowel movements _____

FOOD AND DRINK

Include approximate time, preparation and freshness if relevant.

Breakfast Time _____ Fresh / frozen / leftover _____

Lunch Time _____ Fresh / frozen / leftover _____

Evening meal Time _____ Fresh / frozen / leftover _____

Snacks and drinks Time _____ Fresh / frozen / leftover _____

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