|  |  |
| --- | --- |
| FOOD & SYMPTOM DIARY |   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ |

|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BREAKFAST** |  |  |  |  |  |  |  |
| **Symptom/s** |  |  |  |  |  |  |  |
| **SNACK** |  |  |  |  |  |  |  |
| **Symptom/s** |  |  |  |  |  |  |  |
| **LUNCH** |  |  |  |  |  |  |  |
| **Symptom/s** |  |  |  |  |  |  |  |



**Symptoms: Bloating (B), Gas (G), Pain (P), Discomfort (D), Diarrhea (Di), Constipation (C), Reflux (R).**

**Please rate 1-10 (Mild to severe). E.g. mild bloating B1, moderate gas (G5), severe reflux (R10).**

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| --- | --- |
| FOOD & SYMPTOM DIARY |   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: from \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ |

|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SNACK** |  |  |  |  |  |  |  |
| **Symptom/s** |  |  |  |  |  |  |  |
| **DINNER** |  |  |  |  |  |  |  |
| **Symptom/s** |  |  |  |  |  |  |  |
| **FLUIDS** |  |  |  |  |  |  |  |
| **Symptom/s** |  |  |  |  |  |  |  |

**Symptoms: Bloating (B), Gas (G), Pain (P), Discomfort (D), Diarrhea (Di), Constipation (C), Reflux (R).**

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