## **Food and Symptom Diary**

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## **Food and Symptom Diary**

You can use this diary to record everything you eat and drink, and your symptoms, for one week.

Record each day separately on the pages provided. Try to record all food and drinks that you take, along with an approximate quantity, and the time of day they are taken. Also record and describe any symptoms experienced, and any medications or supplements taken.

Example:

Day: Wednesday Time up: 7.30am Time to bed: 11pm

Time of Day	Description of food/drink	Amount consumed	Description of symptoms e.g. abdominal pain, rash, nausea or vomiting, bowels open (describe stool), headache, swelling, itching.
Breakfast 8am	Cornflakes Full cream milk Water	4 tablespoons 200ml glass	
Mid morning 11am	Coffee (decaf) no milk no sugar Chocolate digestive biscuit	cup 3	Bloating and abdominal pain lasted 2 hours
Lunch 1pm	Baked potato Baked beans Poached egg Orange juice	Size of 2 eggs Small tin 1 glass	
Evening 6pm	Cottage pie - minced beef (bought) Peas and sweetcorn Chocolate cheesecake	2 tablespoons potato 1 tablespoon mince 2 tablespoons 2 slices (1/4 dinner plate)	
Evening 9pm	Red wine	2 large glasses	Abdominal pain from about 8pm Watery, soft stools

## **Medications and Supplements taken:**

Description	Time taken
Multivitamin	Before breakfast

Day:		Time up:	Time to bed:
Time of Day	Description of food/drink	Amount consumed	Description of symptoms e.g. abdominal pain, rash, nausea or vomiting, bowels open (describe stool), headache, swelling, itching.
Medication	ns and Supplements taken:		
Description			Time taken

Day:		Time up:	Time to bed:
Time of Day	Description of food/drink	Amount consumed	Description of symptoms e.g. abdominal pain, rash, nausea or vomiting, bowels open (describe stool), headache, swelling, itching.
Medication	ns and Supplements taken:		
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Day:		Time up:	Time to bed:
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Day:		Time up:	Time to bed:
Time of	Description of food/drink	Amount consumed	Description of symptoms e.g.
Day			abdominal pain, rash, nausea or vomiting, bowels open (describe
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			stool), headache, swelling,	
			itching.	
Medications and Supplements taken:				
Description			Time taken	

Time up:

Time to bed:

Day: