# Food and Symptom Diary

# Please complete and bring to your appointment. If you cannot download or print, you can record information on a piece of paper or take photo’s of your meals.

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| **Your details** |
|  Name |  | DOB |  |
| Date |  |  |  |
|  |  |
| **Typical daily intake – Day 1** | **Symptoms and observations** |
| Breakfast |  | * *Use this section to record stool frequency and type (using the Bristol stool chart below).*
* *Include other symptoms experienced such as wind, bloating or discomfort.*
* *It may be useful to score your symptoms daily from 1 to 5 (1 = manageable symptoms, 5 = unmanageable).*
 |
| Mid-Morning |  |
| Lunch |  |
| Mid-Afternoon |  |
| Evening meal |  |
| Supper |  |
| Drinks |  |

|  |  |
| --- | --- |
| **Typical daily intake – Day 2** | **Symptoms and observations**  |
| Breakfast |  | * *Use this section to record stool frequency and type (using the Bristol stool chart below).*
* *Include other symptoms experienced such as wind, bloating or discomfort.*
* *It may be useful to score your symptoms daily from 1 to 5 (1 = manageable symptoms, 5 = unmanageable).*
 |
| Mid-Morning |  |
| Lunch |  |
| Mid-Afternoon |  |
| Evening meal |  |
| Supper |  |
| Drinks |  |

|  |  |
| --- | --- |
| **Typical daily intake – Day 3** |  |
| Breakfast |  | * *Use this section to record stool frequency and type (using the Bristol stool chart below).*
* *Include other symptoms experienced such as wind, bloating or discomfort.*
* *It may be useful to score your symptoms daily from 1 to 5 (1 = manageable symptoms, 5 = unmanageable).*
 |
| Mid-Morning |  |
| Lunch |  |
| Mid-Afternoon |  |
| Evening meal |  |
| Supper |  |
| Drinks |  |

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