

Food & Symptom Diary

Written by Clinical Nutritionist Renae Cinanni (BHSc Nutritional & Dietetic Medicine)

This handout is intended for educational purposes only and does not replace or substitute medical advice. Speak with your healthcare practitioner for personalised nutrition and advice.

Name: _____

Date: _____

Instructions

- Fill out each section daily for the next 4 - 5 days, noting the times, foods eaten, and any symptoms experienced.
- Note all drinks, snacks, and medications or supplements taken.
- Include as much detail as possible, such as portion sizes, food brands, or cooking methods (e.g., baked, fried, raw).
- Note mood, energy levels, and other lifestyle factors, as they may provide insight into symptom patterns.

Symptom Key

Use a rating scale from 1 to 10 (10 = highest intensity) to describe the intensity of symptoms if applicable:

- Bloating:
- Constipation:
- Diarrhoea:
- Fatigue:
- Mood Swings:
- Headaches:
- Energy (10 = most energy)

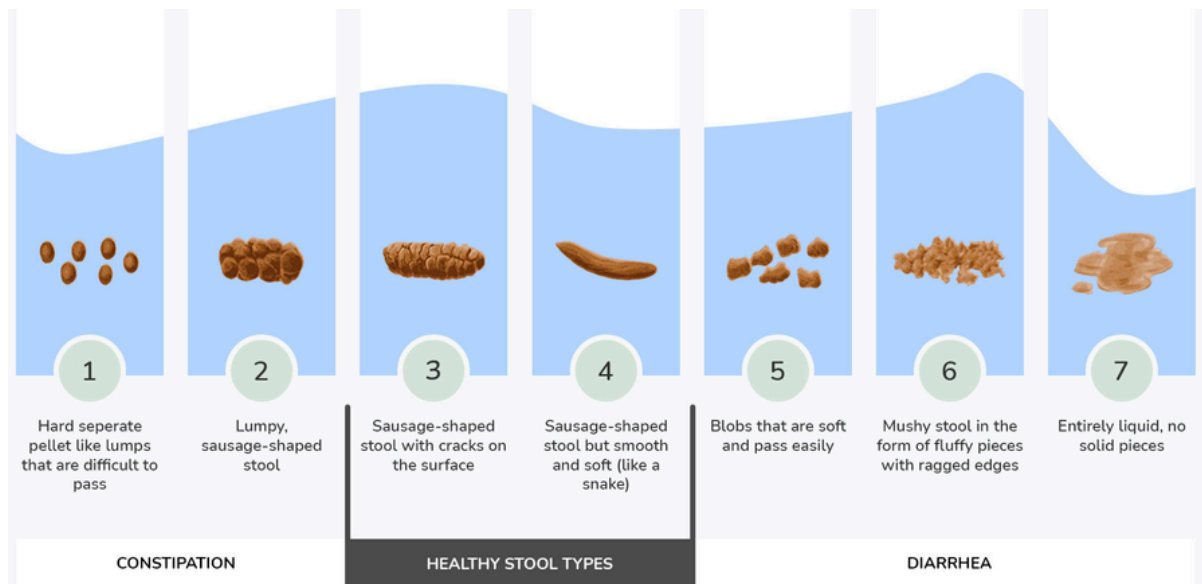
Additional Notes Section

Use this space to add any other observations:

- Sleep Quality (hours slept, quality, any disturbances)
- Bowel Movements (frequency, consistency)
- Exercise (type, duration, intensity)
- Hydration (total water intake)

Bristol Stool Chart

Please use this chart to document your bowel motions. You can use the numbers to indicate the type of stool you have throughout the day



	Food & Drink (include quantity if possible e.g. 2 eggs with 1 piece of toast)	Symptoms (if any) (rated 1 out 10. 10 = the worst intensity of that symptoms)	Energy (rated 1 out 10. 10 = the most energy)
Breakfast			
Morning Snack			
Lunch			
Afternoon Snack			
Dinner			
Evening Snack			

Supplements/ Medications taken for the day	
Other notes you would like to share.	

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Bowel Movements (frequency, consistency, using the bristol stool chart above)

Exercise (type, duration, intensity)

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