

FOOD DIARY INSTRUCTIONS

DIARY: Please record all food and drinks consumed.

Please also include approximate amounts and a accurate descriptions (i.e. low-fat cows milk, baker's delight white sliced loaf, organic sourdough etc.).

It is ideal to obtain a record for the full week, however if this is difficult, please complete for a minimum of four days and include one day of your weekend.

SYMPTOMS: Please list any symptoms that apply within 2 hours post meal. I have listed common symptoms below for your information.

Please rate symptoms as follows: 1 = Mild 2 = Moderate 3 = Severe

Digestive	Mood	Skin	General
Bloating	Jittery / Anxious	Eczema	Muscle Pain
Burping	Nervous Energy	Dermatitis	Muscle Cramps
Reflux	Unsatisfied	Hives	Joint Stiffness
Heavy Gut	Tired but Wired	Rash	Joint Swelling
Feel full, but hungry	Lethargic	Itchy Skin	Heart Palpitation
Sweet Cravings	Foggy Thinking	Pimples/Acne	Frequent Urination
Salt Cravings	Mentally Sluggish	Dry Skin	Restlessness
Caffeine Cravings	Sleepy	Flushing	Broken Sleep
Gut Cramping	Dull or Depressed		Headaches
Vomiting			
Change in Appetite			
Flatulence			

BOWEL MOVEMENTS: Please list the time of day, the type of movement (refer stool chart).

EXERCISE: Please list what type of exercise you did, including the duration and time of day.



SIDE NOTES: Please list any other information you feel may be relevant i.e. stressful events, feeling unwell, interstate for work purposes etc.

MEASURING YOUR DIGESTIVE SYSTEM HEALTH

Whilst it may seem strange, describing your Number 2's is the fastest (and cheapest) insight into the workings of the digestive system. Every time you pass a stool take a quick glance in the bowl and note the following in the column provided:

1. **Type** - See Stool Chart
2. **Sink or Float** – Does it float on top of the water or sink to the bottom of the bowl?
3. **Smell** – Is it overpowering that requires air freshener, or no smell at all?
4. **Hard to pass?** Any straining or discomfort?
5. **Blood** – Is there any blood present in the stool or on the toilet paper?
6. **Mucous** – is there any mucous present in the stool or on the bowl?
7. **Undigested food** – Looking back, can you see any undigested food in the stool? Corn, Tomato Skin? Anything else?
8. **Completely evacuated?** Do you feel completely evacuated after each time on the toilet? Or is there some unfinished business?

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid

Name:

Food Diary

Date:

Side Notes:

Time	Food	Liquids	Symptoms Experienced	Bowel Movements	Exercise

Name:

Food Diary

Side Notes:

Date:

Time	Food	Liquids	Symptoms Experienced	Bowel Movements	Exercise

Name:

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