

FOOD DIARY INSTRUCTIONS

INSTRUCTIONS

- Please record ALL food and drinks consumed. Remember, the diary doesn't have to be perfect, just honest ☺
- Please include approximate amounts and accurate descriptions (i.e. low-fat cows milk, baker's delight white sliced loaf, organic sourdough etc.) of all foods/drinks consumed (including any sweeteners added).
- Please complete for a minimum of 4 days, with one of those days being a weekend.

SYMPTOMS

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

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 and the type of movement (refer stool chart below).

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.








PATIENT NAME:
DATE:

RECORDING YOUR BOWEL MOVEMENTS

Every time you pass a stool throughout the course of the food diary, 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

PATIENT NAME:
DATE:

TIME	FOOD	DRINKS	SYMPTOMS	EXERCISE

PATIENT NAME:
DATE:

TIME	FOOD	DRINKS	SYMPTOMS	EXERCISE

PATIENT NAME:
DATE:

TIME	FOOD	DRINKS	SYMPTOMS	EXERCISE

PATIENT NAME:
DATE:

TIME	FOOD	DRINKS	SYMPTOMS	EXERCISE

PATIENT NAME:
DATE:

WOOHOO! You're done!

Before submitting your food diary, please ensure:

- You've added your name to the top of each page.
- You've recorded bowel movements, meal times & associated symptoms – this is really important.
- If you've interpreted this document in an attempt to create your own version, please ensure it follows the same format as above and you've popped it into a separate PDF document (not an email).
- You're ready to **send the document as a PDF NOT a collection of photos/images**. Unfortunately, photos file sizes are too big and can be too difficult to read. If you're struggling, consider downloading a free PDF converter app to your phone i.e. [Cam Scanner](#). You can take multiple images and convert them into a single PDF using "BATCH" photo option.
- You've attached the PDF to the email © **Please do not send Google Doc links.**

Once you've completed the above, you can email your completed food diary PDF to clinic@anappleaday.net.au prior to your appointment.