



FOOD DIARY

Please include all food, condiments, drinks, supplements, and medications in the food diary. Note the time of day that you ate and when symptoms occur. Include any bowel movements and the Bristol Scale of the bowel movement and note the time.

SUNDAY

Breakfast:

Symptoms:

time: _____

Snack:

Symptoms:

time: _____

Lunch:

Symptoms:

time: _____

Snack:

Symptoms:

time: _____

Dinner:

Symptoms:

time: _____

Water:               

MONDAY

Breakfast:

Symptoms:

time: _____

Snack:

Symptoms:

time: _____

Lunch:

Symptoms:

time: _____

Snack:

Symptoms:

time: _____

Dinner:

Symptoms:

time: _____

Water:               

Please include all food, condiments, drinks, supplements, and medications in the food diary. Note the time of day that you ate and when symptoms occur. Include any bowel movements and the Bristol Scale of the bowel movement and note the time.

TUESDAY

Breakfast:

time: _____

Symptoms:

Snack:

time: _____

Symptoms:

Lunch:

time: _____

Symptoms:

Snack:

time: _____

Symptoms:

Dinner:

time: _____

Symptoms:

Water:               

WEDNESDAY

Breakfast:

time: _____

Symptoms:

Snack:

time: _____

Symptoms:

Lunch:

time: _____

Symptoms:

Snack:

time: _____

Symptoms:

Dinner:

time: _____

Symptoms:

Water:               

Please include all food, condiments, drinks, supplements, and medications in the food diary. Note the time of day that you ate and when symptoms occur. Include any bowel movements and the Bristol Scale of the bowel movement and note the time.

THURSDAY

Breakfast:

time: _____

Symptoms:

Snack:

time: _____

Symptoms:

Lunch:

time: _____

Symptoms:

Snack:

time: _____

Symptoms:

Dinner:

time: _____

Symptoms:

Water:               

FRIDAY

Breakfast:

time: _____

Symptoms:

Snack:

time: _____

Symptoms:

Lunch:

time: _____

Symptoms:

Snack:

time: _____

Symptoms:

Dinner:

time: _____

Symptoms:

Water:               

Please include all food, condiments, drinks, supplements, and medications in the food diary. Note the time of day that you ate and when symptoms occur. Include any bowel movements and the Bristol Scale of the bowel movement and note the time.

SATURDAY

Breakfast:

Symptoms:

time: _____

Snack:

Symptoms:

time: _____

Lunch:

Symptoms:

time: _____

Snack:

Symptoms:

time: _____

Dinner:

Symptoms:

time: _____

Water:



SYMPTOMS TO NOTE IN JOURNAL:

Digestive: diarrhea, constipation, gas, bloating, indigestion, heartburn, burping, sounds in digestive system.

Bowel movements: How many a day? Please use the Bristol stool chart to record type of bowel movement. Do you have a sense of urgency to get to the bathroom? Do you see particles of food in your bowel movement?

Histamine: congestion, sneezing, eyes itching, tingling on lips or inside mouth.

Skin: rash, acne, eczema, psoriasis, hives

Energy: note energy level after eating. Do you feel more tired?

Headache or migraine: where is your pain and rate on scale of 1-10

Pain: where is your pain and rate on scale of 1-10

**When you change the foods you are eating and eliminate processed food, it's possible for your body to go through a mild detox. Symptoms from detox can be digestive issues, fatigue, headache. You might feel worse before you feel better as your body rids itself of toxins.

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