

Food Journal

Record everything you eat and drink over the next week. Record the time you eat, symptoms and medications. Print out enough for one week. (If you do not have any symptoms do not record anything)

Name:	Place a B for before eating, A for after eating, an X for both before and after
Time awake:	<u> </u>
Date	☐ Bloating ☐ Sleepy
Time:	─────────────────────────────────────
Foods	Gas Gurgle Nervousness, fidgety Cough Angry Throat tickle Unfocused
Fluids	☐ Itchy nose ☐ Excitable ☐ Itchy ears ☐ Negative Thoughts
# of BM's and consistency	Energy
Date	□ Bloating □ Sleepy
Time:	☐ Cravings ☐ Aches/Joint aches
Foods	☐ Cramps ☐ Swelling in legs☐ Gas☐ Headache/Migraine☐ Gurgle☐ Nervousness, fidgety☐ Cough☐ Angry☐ Throat tickle☐ Unfocused
Fluids	☐ Itchy nose ☐ Excitable ☐ Itchy ears ☐ Negative Thoughts
# of BM's and consistency	□ Energy
Date	□ Bloating □ Sleepy
Time:	☐ Cravings ☐ Aches/Joint aches
Foods	☐ Cramps ☐ Swelling in legs ☐ Gas ☐ Headache/Migraine ☐ Gurgle ☐ Nervousness, fidgety ☐ Cough ☐ Angry ☐ Throat tickle☐ Unfocused
Fluids # of BM's and	☐ Itchy nose ☐ Excitable ☐ Itchy ears ☐ Negative Thoughts
consistency	Energy
Date	□ Bloating □ Sleepy
Time:	☐ Cravings ☐ Aches/Joint aches
Foods	☐ Cramps ☐ Swelling in legs ☐ Gas ☐ Headache/Migraine ☐ Gurgle ☐ Nervousness, fidgety ☐ Cough ☐ Angry ☐ Throat tickle☐ Unfocused
Fluids	☐ Itchy nose ☐ Excitable ☐ Itchy ears ☐ Negative Thoughts
# of BM's and consistency	□ Energy
NOTES:	



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Date		illig, all A loi bo	thi octore and arter
Time:		Bloating	Sleepy
		Cravings	Aches/Joint aches
Foods		Cramps	Swelling in legs
	님	Gas □ Gurgle □	Headache/Migraine Nervousness, fidgety
Fluids	붐	Cough	Angry
Traids		Throat tickle□	Unfocused
Medications		Itchy nose ☐	Excitable
Feelings Notes	╚	Itchy ears ☐ Energy	Negative Thoughts
	ш	Lifeigy	
Date	_	Disation	Olean
Time:	岩	Bloating ☐ Cravings ☐	Sleepy Aches/Joint aches
Foods	Ħ	Cramps	Swelling in legs
		Gas 🗆	Headache/Migraine
		Gurgle	Nervousness, fidgety
Fluids	+	Cough ☐ Throat tickle☐	Angry Unfocused
Tidids	Ħ	Itchy nose	Excitable
Medications Feelings		Itchy ears □	Negative Thoughts
Notes		Energy	
Date	_	Diagram	Class
Time:	淐	Bloating Cravings	Sleepy Aches/Joint aches
Foods		Cramps	Swelling in legs
		Gas □	Headache/Migraine
		Gurgle	Nervousness, fidgety
Fluids	\exists	Cough ☐ Throat tickle☐	Angry Unfocused
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Medications		Itchy ears □	Negative Thoughts
Feelings Notes		Energy	
Date	_	Bloating	Sleepy
Time:		Cravings	Aches/Joint aches
Foods		Cramps	Swelling in legs
		Gas Curale	Headache/Migraine
	님	Gurgle □ Cough □	Nervousness, fidgety Angry
Fluids	旹	Throat tickle□	Unfocused
1 Iulus		Itchy nose ☐	Excitable
Medications	早	Itchy ears	Negative Thoughts
Feelings Notes	<u></u>	Energy	
NOTES:	_		