

Please list any medication and vitamin or herbal supplements you may be taking

Medication:

Vitamins/Supplements:

# FOOD and SYMPTOM DIARY



Name .....

Dob: .....

Weight: .....

Height: .....

## HOW TO FILL IN YOUR FOOD DIARY

In order to get an accurate picture of your food intake and symptoms, I would like you to complete a food diary for 3 days and bring it with you to your appointment. Try to include a weekend day if possible.

Please record everything you eat and drink, no matter how small and detail the symptoms you experience in the relevant boxes.

Try to take the diary wherever you go and fill it in at the time you are eating and drinking. If you fill it out at the end of the day or the day after you will not remember everything!

Please tell me about:

1. The quantity of food and drink you have:
  - Household measures can be used e.g. tablespoons, teaspoons, cupfuls
  - If you have a ready-made meal or snack record the brand and there will usually be a weight on the packet
2. The type of food and drink you have - please give as much information as possible e.g.
  - thick sliced, wholemeal bread
  - reduced fat sunflower margarine
  - sugar free squash
  - semi skimmed milk
  - fresh or dried pasta
  - homemade or ready-made meals, soups or sauces

3. The method of cooking you use e.g. grilled, fried (in what type of oil/ fat), baked, boiled, steamed, microwaved etc.

4. Your symptoms - Please record any symptoms you experience at the time of eating/ drinking all foods and drinks.

Common things people forget are:

- snacks between meals
- meals eaten out
- food/drink eaten while preparing meals
- salad dressings
- margarine/ spread in sandwiches, oil used in cooking
- alcohol

When you have completed your food diary please bring it to your first appointment of return it to me by:  
email:[info@begoodtoyourgut.co.uk](mailto:info@begoodtoyourgut.co.uk) or by fax on **020 8360 2773**.

Date and day .....			Details of symptoms						
Meal or time	Quantity	Details of food and drink	Diarrhoea	Constipation	Wind/ Bloating	Nausea	Pain	Stools **	Other*
<p>Score for your symptoms: 0 = none 1 = mild 2 = average 3 = bad 4= very bad</p> <p>* Also record here other symptoms that you may experience e.g. headache, tiredness, menstrual symptoms</p>			<p>**Description of stools;</p> <p>1 = separate hard lumps like nuts (hard to pass) 2 = sausage shaped but lumpy 3 = like a sausage with cracks on the surface 4 = like a sausage, smooth &amp; soft 5 = soft blobs with clear cut edges (passes easily) 6 = fluffy pieces/ragged edges/mushy 7 = watery no solid pieces, entirely liquid</p>						

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