

# DAILY FOOD & SYMPTOM LOG

DATE: \_\_\_\_\_ *M T W T F S S*

TIME	MEDS / SUPPLEMENTS	TYPE OF FOODS & DRINKS, INGREDIENTS	FOOD AND DRINK BRAND OR SOURCE, & PREP METHOD	AMOUNT OR PORTION OF FOOD / DRINK	BOWEL MOVEMENT BRISTOL TYPE	ANY SYMPTOMS? (GAS, BLOATING, HEARTBURN, PAIN, ETC.)

Physical activity (type, intensity, duration): \_\_\_\_\_

Stress level (0 = low, 5 = high):      0      1      2      3      4      5

Mood (0 = depressed, 5 = happy):      0      1      2      3      4      5

Energy level (0 = low, 5 = high):      0      1      2      3      4      5