

## Food and GI Symptom Diary

Please record everything you eat and drink, your activity level, emotional status, and bowel movements (BM). Circle you symptoms, if any, as they occur after meals and snacks.

Date/Day/Time	Food & Beverages and Amounts	Activity	Emotional Status	BM Time/Stool type*	Symptoms if any (circle all that apply)
Example: 4/3/17/Mon Breakfast – 8 AM	1 scrambled egg, 1 slice whole wheat toast with butter, ½ banana, 16 ounces of coffee with cream and sugar	Walked for 30 minutes at 10 AM	A little anxious	8:30 AM/ Type 5-6	Nausea                      Vomiting Heartburn                  Stomach Pain Diarrhea                    Constipation <b>Sense of Urgency</b> Gas Bloating                    Cramping Other:  <b><i>Had to run to the bathroom at the end of breakfast</i></b>
					Nausea                      Vomiting Heartburn                  Stomach Pain Diarrhea                    Constipation Sense of Urgency        Gas Bloating                    Cramping Other:
					Nausea                      Vomiting Heartburn                  Stomach Pain Diarrhea                    Constipation Sense of Urgency        Gas Bloating                    Cramping Other:
					Nausea                      Vomiting Heartburn                  Stomach Pain Diarrhea                    Constipation Sense of Urgency        Gas Bloating                    Cramping Other:

\*Use **Bristol Stool Form Scale** to help determine stool type