

Food and Symptom Diary

Write down what you eat, then notice how you feel after.



WHY IT HELPS

Bloating, cramps or a headache can show up hours after a meal, and by then the cause is hard to remember. Writing down each meal and when you felt something turns guesses into patterns you can see.

Bring it to your doctor or dietitian before you cut out foods.

EACH DAY HAS FOUR SMALL STEPS

Eat	Write the time and what you had, drinks too.
Notice	Tick when a symptom starts and rate it.
Context	Add sleep, stress, water and your cycle.
Review	Tally your suspects at the end of the week.



Eat as you usually do. Keep your normal meals while you track for at least a week. Changing your diet now makes patterns harder to see.

TODAY IS

Tuesday, May 12

SYMPTOMS I AM WATCHING

Bloating, cramps, headaches

1 Today

A quick check of the day around your meals.

SLEEP, HOURS

6.5

STRESS

Low

Some

High

WATER, GLASSES

✓✓✓✓✓

PERIOD DAY

BOWEL MOVEMENTS

2

2 Meals and what followed

One card for each meal, snack or drink.

1 TIME 7:30 am

WHAT I ATE AND DRANK

Oat milk latte

Toast with peanut butter

PORTION

Small

Usual

Large

HOW I FELT AFTER

Tick when it started

30 min 1 h 2 h 4 h 6 h

WHAT I NOTICED

A little bloated

HOW STRONG

● ○ ○ ○ none to severe

2 TIME 12:45 pm

WHAT I ATE AND DRANK

Pasta salad with tomatoes

Sparkling water

PORTION

Small

Usual

Large

HOW I FELT AFTER

Tick when it started

30 min 1 h 2 h 4 h 6 h

WHAT I NOTICED

Bloating, then cramps

HOW STRONG

● ● ● ○ none to severe

3 TIME 3:30 pm

WHAT I ATE AND DRANK

Apple

Handful of almonds

PORTION

Small

Usual

Large

HOW I FELT AFTER

Tick when it started

30 min 1 h 2 h 4 h 6 h

WHAT I NOTICED

Nothing I noticed

HOW STRONG

○ ○ ○ ○ none to severe

4 TIME 7:00 pm

WHAT I ATE AND DRANK

Rice, salmon, green beans

Mint tea

PORTION

Small

Usual

Large

HOW I FELT AFTER

Tick when it started

30 min 1 h 2 h 4 h 6 h

WHAT I NOTICED

Mild headache before bed

HOW STRONG

● ○ ○ ○ none to severe

ANYTHING ELSE I WANT TO REMEMBER

Pasta again. Second time this week with cramps.

TODAY IS

SYMPTOMS I AM WATCHING

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SLEEP, HOURS _____	STRESS ☐ Low ☐ Some ☐ High	WATER, GLASSES ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	PERIOD DAY ☐	BOWEL MOVEMENTS _____
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2 Meals and what followed

One card for each meal, snack or drink.

1 TIME _____
WHAT I ATE AND DRANK

PORTION ☐ Small ☐ Usual ☐ Large

HOW I FELT AFTER

☐ 30 min
 ☐ 1 h
 ☐ 2 h
 ☐ 4 h
 ☐ 6 h
 Tick when it started

WHAT I NOTICED

HOW STRONG ☐ ☐ ☐ ☐ none to severe

2 TIME _____
WHAT I ATE AND DRANK

PORTION ☐ Small ☐ Usual ☐ Large

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WHAT I NOTICED

HOW STRONG ☐ ☐ ☐ ☐ none to severe

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WHAT I ATE AND DRANK

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HOW STRONG ☐ ☐ ☐ ☐ none to severe

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WHAT I ATE AND DRANK

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ANYTHING ELSE I WANT TO REMEMBER

List foods and drinks you wonder about. Count how often you had each one, and how often symptoms followed within 6 hours.

SYMPTOMS I AM WATCHING

 **Look for repeats.** A food that is followed by symptoms most times you eat it is worth asking about. One bad day is not enough to tell.

Questions or changes to raise with my doctor, dietitian or care team.