Food & Symptom Observation Journal

A short-term record of foods, symptoms, and context

DATE: _____

SLEEP LAST NIGHT - BRIEF NOTE: _____

STRESS / UNUSUAL CIRCUMSTANCES TODAY:

_____

ACTIVITY / ROUTINE CHANGES TODAY:

_____

DAILY OBSERVATION PAGE

ENTRY 1

TIME: _____ **MEAL / SNACK:** _____

FOODS AND DRINKS:

_____

_____

NOTABLE INGREDIENTS, IF USEFUL:

_____

_____

PORTION DESCRIPTION, IF USEFUL:

_____

_____

ENTRY 2

TIME: _____ **MEAL / SNACK:** _____

FOODS AND DRINKS:

_____

_____

NOTABLE INGREDIENTS, IF USEFUL:

_____

_____

PORTION DESCRIPTION, IF USEFUL:

_____

_____

ENTRY 3

TIME: _____ **MEAL / SNACK:** _____

FOODS AND DRINKS:

_____

_____

NOTABLE INGREDIENTS, IF USEFUL:

_____

_____

PORTION DESCRIPTION, IF USEFUL:

_____

_____

ENTRY 4

TIME: _____ **MEAL / SNACK:** _____

FOODS AND DRINKS:

_____

_____

NOTABLE INGREDIENTS, IF USEFUL:

_____

_____

PORTION DESCRIPTION, IF USEFUL:

_____

_____

OBSERVATIONS AFTER EATING

APPROX. TIMING AFTER EATING:

_____

DIGESTION / BOWEL OBSERVATIONS:

_____

ENERGY / MOOD:

_____

SYMPTOMS NOTICED:

_____

_____

DAILY NOTES:

Food & Symptom Observation Journal

Review observations without turning them into conclusions

PATTERN REVIEW

DATES REVIEWED

OBSERVATIONS THAT SEEM TO REPEAT / POSSIBLE PATTERNS NOTICED

THINGS I'M UNSURE ABOUT

QUESTIONS BEFORE MAKING DIETARY CHANGES