

## Food Diary

Fill in everything you eat in a 24 hour period. Be honest and include everything, down to the last biscuit, handful of nuts, dessert spoon of vegetables, gravy or glass of fruit juice. Describe tea/coffee fully by including the amount of milk you take and the type of milk, number of spoons of sugar, size of cup/mug. Try to estimate the amount of a food you had in easily recognised measures e.g. a **glass** of milk, **small/large bowl** of cornflakes, **large triangle** of cheese, 2 **scoops** of mashed potato or **thin spread** of butter/marmalade. Use Brand names. Are you currently taking any medicine? If yes, please state what type. Are you currently taking any supplement? If yes, state the type, Brand Names and length you are taking it/them.

Meals and snacks in the day	Food and Drink Description	GI Symptoms eg: Bloating, Constipation, Diarrhoea, Gas, Rumbling, Pain.	
		GI SYMPTOM:	TIME OF DAY:
BREAKFAST			
MID MORNING			
LUNCH			
MID AFTERNOON			
EVENING MEAL			
BEFORE BED			