

Helping you connect to better eating.

Food and Symptom Tracker

Use the template below to keep a record. Record your food and symptoms for least 10 days. Write the time you ate, what it was, and the specific time of any symptoms.

Day	Time	Food	Bowels	Other Symptom		Stress
Mon	7am	buds – 1 handful.	6:15am Type 3, loose	Bloating Gas Wind Cramps Pain Tired		
Example		Wheatmeal bread x2 + mayonnaise (thick spread) + 2 slices of pastrami + 4 slices of cucumber (thin slice).		Use a simple scale of 1-3 for symptoms e.g. B1 = bloating mild. C3 = severe cramps/high pain levels e.g. 7:30 - B2 + C1		
Day	Time	Food	Bowels	Other Symptom		Stress
					Chart	
					Type I Separate I (hard to p	nard lumps, like nu ass)
				<u> </u>	Type 2 Sausage-si	haped but lumpy
					Type 3 Like a sau its surface	sage but with crac
					Type 4 Like a sau and soft	sage or snake, smo
					Type 5 Soft blobs (passed ea	with clear-cut ed
Use the Bristol Stool Chart to describe your bowel motions, (or add your own descriptions if nothing matches).				ies).	Type 6 Fluffy pieces with ragged edge mushy stool	
ring it back to work things out together – let's get your gut sorted!					Type 7 Watery, no	o solid pieces.